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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, by

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LECTURE VII.

INFLAMMATION OF THE DERMIS.

INFLAMMATION evinces its operative influence on the skin by a variety of appearances, of which the principal are, simple redness without other perceptible alteration; redness, with transudation of the colourless components of the blood; redness, with the formation of minute swellings in the dermis; and redness, with the production of abnormal epidermis in the form of scales. These various characters of cutaneous inflammation constitute the elements out of which I have framed that part of the natural classification of diseases of the skin which relates to inflammation of the dermis. The first of the forms to which I have alluded, I have termed *congestive inflammation* of the dermis, from its general and most conspicuous character, congestion of the cutaneous capillary vessels. This form corresponds with the order exanthemata of Willan, and includes the whole of the diseases comprised in that order by Willan, with the exception of purpura, which is referrible to a very different nosological position.

Passing in review the general and more prominent features of the diseases included under this head, we are struck by a manifest contrast which they present in the amount and in the kind of constitutional symptoms by which they are accompanied. Two of these diseases, rubeola and scarlatina, stand out from among the rest, distinguished by the specific nature of the fever which precedes and attends their development. In this respect, as well as in their contagious nature and other general characters, and the cautious management which they require in their treatment, they are so closely allied with another eruptive fever, variola, that I have thought it desirable to include the latter in the same group. In conformity with the artificial scheme of classification pursued by Willan, assuming the period of nosologic characters to be the height of the disorder, variola was placed in his order Pustulæ, an arrangement which destroyed altogether the natural affinities of the disease. But as the structure of the skin affords a sure and determinate basis of arrangement, I have not been willing to admit that a single character which, indeed, is wholly artificial, and has not even the advantage of being universal, should oppose its claims to the stronger one of natural relationship. Upon these grounds, therefore, I have divided the congestive group of cutaneous diseases into two subgroups, namely, into such as are characterised by

Inflammation of the Dermis and Mucous Membranes, with Constitutional Symptoms of a specific kind;

which comprises—

Rubeola,	Varicella,
Scarlatina,	Vaccinia; and

Inflammation of the Dermis without Constitutional Symptoms of a specific kind,

under which are included—

Erysipelas,	Roseola,
Urticaria,	Erythema.

The first of these groups is composed of diseases of a specific kind, known in medical practice under the designation of eruptive fevers. They are characterised by fever of greater or less severity, which precedes and attends the eruption, and pursues a given course; by a cutaneous efflorescence or exanthem, which appears and declines at determinate periods; and by more or less disorder of the mucous membranes of the body. The two first of these diseases terminate in resolution and desquamation of the epidermis; the variolous diseases, on the contrary, run on to effusion, or to effusion and suppuration, and sometimes to ulcera-

tion. These changes are succeeded by the formation of crusts, and the subsequent fall of those crusts.

The degree of severity of the febrile symptoms in the eruptive fevers is determined primarily by the nature and activity of the exciting cause, by the state of constitution of the person affected, and by the greater or less freedom of evolution of the morbific action upon the skin. The first of these conditions is made known to us by the history of the epidemic of the period; in some instances the disease is universally mild; and in others, without any apparent reason, as generally severe. We are by such evidence forced to the conclusion that the morbid poison which gives origin to the disease, must possess a difference of energy varying with the circumstances under which it is generated. Again, we sometimes have occasion to observe that an eruptive fever which presents features of considerable violence in the outbreak of an epidemic, is chastened by continuance, and assumes a milder type towards its close. It is on this principle that varicella generally succeeds to variola; the intensity of the contagious virus seeming to have become exhausted. At other times, an eruptive fever sets in mildly at its commencement, augmenting in severity as the fomites of virus become multiplied by the extension of the disease, and again subsides towards its close. The medical constitution of the period has undoubtedly much influence on the determination of the severity of a disease; the alternations of heat and cold, of damp and moisture, and of electric conditions of the atmosphere, being favourable to the development of eruptive fevers. Thus it is that the spring and autumn, which present these conditions in the greatest variety, are usually attended by the outbreak of one or other of these eruptive complaints.

The constitution of the individual is a condition of much interest and importance; in the one case giving rise to a permanent, and in others to a temporary, idiosyncracy. In the instance of permanent idiosyncracy, a kind of vital attraction seems to subsist between the tissues of the individual and the generative virus of the disease. Such persons, instead of being protected by one diffusion of the leaven of the disease, experience a succession of attacks, suffering from its effects in a milder or severer form on every return of the epidemic; or, perchance, they are affected by a violent attack of the disease from exposure to contagion in its most diluted form. I may refer you for illustrations of the truth of this proposition to the history of variola, wherein you will find cases of small-pox repeated a considerable number of times in the same individual; and other cases in which persons have suffered a most dangerous attack from simple exposure to the contagion of varicella. Temporary idiosyncracy may be induced by any circumstances calculated to disorder the health or depress the powers of the nervous system. In this manner mental emotion may become a predisposing cause of liability to contagion, and is probably one which acts frequently in producing disease. Fatigue from physical exertion will be the means of a similar predisposition, together with a variety of other causes, to all appearance of a dissimilar nature, but in reality essentially the same. In a similar manner the presence of a catarrh predisposes actively to rubeola, and of a cynanche to scarlatina.

Freedom of evolution of the efflorescence on the skin is another and well-known condition favourable to the constitutional severity of eruptive disease. When this occurs extensively the cutaneous disorder appears to act as a counter-irritant to the rest of the system, and the symptoms of disturbance in the latter are consequently diminished. But it must also be borne in mind that the opposite effect very frequently results. Severe inflammation of the skin, as it involves a structure of high organisation and richly endowed with nerves, is capable of exciting the most violent constitutional effects, and is attended with proportionate danger. We see an illustration of this observation in the progress of variola, the fever of invasion yields on the appearance of the eruption; but the process of suppuration calls forth an increase in the constitutional symptoms, and the secondary fever becomes established.

Another feature in the portraiture of eruptive fevers is the inflammation of mucous membrane which forms a part of the disease. This phenomenon is an additional argument in favour of the analogy subsisting between the internal and the external tegument. The specific virus of the fever determines to the surface, the internal and the external surface consequently suffer. From the greater susceptibility of the mucous membranes they are the first to show the effects of the disease, as we see to be the case in the conjunctivitis and catarrh of rubeola, and the angina of scarlatina. There is this difference between the inflammation of the cutaneous surface and that of the mucous membrane: in the former the inflammatory action either invades the entire surface at once, or runs regularly and more or less rapidly over it; but in the mucous membranes the different parts are affected irregularly, and in succession, while some escape altogether. Thus, for instance, in scarlatina, the mucous membrane of the fauces is first attacked,—then, possibly, that of the lungs, while, perhaps, at the close of the disease, when a favourable convalescence is expected, the inflammation may be transferred to the alimentary canal, or to the kidneys, and prove fatal by exciting an uncontrollable diarrhœa or anasarca. In rubeola, again, the mucous membrane of the eyes, the nose, and lungs, is first disordered, and after inflammation of this membrane has subsided,

together with the cutaneous eruption, there is yet much to be apprehended from secondary inflammations of the mucous membranes.

The seat of congestion in the eruptive fevers, as in other inflammatory disorders of the skin, is the capillary rete of the dermis, and any differences of tint observable in these diseases at their height or during their decline, may be fully explained by reference to the structure and normal phenomena of the skin. When the degree of excitation of the cutaneous nerves is small, and the arterial action but little excited above its normal standard, the vascular rete of the dermis is but partially distended, and the redness produced by the congestion is consequently slight. When, however, the nervous energy is aroused to its highest pitch, the congestion is intense, and the bright scarlet of the arterial blood is little obscured by the thin layer of semi-transparent textures by which it is covered. Moreover, in the eruptive fevers, where the capillary rete is distended to its uttermost, the papillæ are also congested, and assume the appearance of slightly raised points disseminated irregularly over the inflamed surface.

When the congestion has endured for some time, and is beginning to decline, a very marked alteration takes place in the colour of the skin; the bright red of the inflamed surface gives place to a duller hue, and the latter becomes purplish and blueish in its tint. These changes are not always confined to the decline of cutaneous congestion, but may occur under certain circumstances even from the first, as we see to be the case in scarlatina maligna and rubeola nigra. Now, this phenomenon is due to the condition of the circulation through the capillary vessels determined by the state of the nervous system. In active inflammation the nervous energy is stimulated to its highest pitch of elevation; the capillaries, as a consequence, contract forcibly on their contents, and a rapid current of arterial blood is maintained through the part. But, when the powers of the nervous system become weakened and exhausted, the capillaries yield to the distention of the accumulating blood, the circulation becomes impeded and sluggish, carbon is gathered by the tardy current, and the capillaries become occupied by venous in place of arterial blood. Degrees of this alteration of the blood in the capillary vessels produce the various shades of colour perceptible in inflamed skin, from the bright scarlet of the actively excited tissues to the dull purple and leaden hue of the torpid semi-paralysed parts.

Tumefaction is another necessary consequence of cutaneous congestion, the amount of swelling being determined by the quantity of blood contained within the capillary vessels. In addition to this, however, effusion takes place from the loaded vessels, the quantity of effusion increasing with the greater tardiness in the current of blood. By this means the distended capillaries are physically relieved of their overcharge, and are brought into a condition to return by degrees to their normal dimensions and function. The fluid, which is thus separated from the blood, and imbibed by the surrounding tissues, is serum holding in solution a greater or smaller proportion of fibrine. It speedily fills the yielding areolæ of the subcutaneous tissue and produces œdema of the integument. This condition of the skin is seen in the form of erythema, termed, from the distention of the integument by which it is accompanied, erythema læve; and, again, in one of the most common of the varieties of erysipelas, erysipelas œdematosum. But œdema is, unfortunately, not confined to the skin; it occurs also in the mucous membrane under the influence of similar causes, and is sometimes attended with fatal results. In the laryngitis of rubeola and scarlatina, for instance, asphyxia is liable to be occasioned in the course of a few hours by œdema of the mucous membrane of the glottis.

The eruptive fevers agree in another property, namely, their transmission by means of infection and contagion. It may, therefore, be well to inquire into the signification which we ought to attach to these two terms. By *contagion* we mean the transmission of a poisonous virus by immediate contact with some body in which it may exist. And by *infection*, transmission through the agency of the atmosphere. It is often exceedingly difficult to determine which of these two modes is the active one in eruptive fevers, and in many cases they may be regarded as simultaneous. There are diseases, however, which are specifically contagious, without being infectious, as syphilis, hydrophobia, &c., and in these latter no such difficulty can occur. The case is different where the virus is known to have been generated at a distance, and in virtue of its volatility has been conveyed by means of the winds; here there can be no question as to the communication by infection. It follows, therefore, that if this view of the nature of these modes of communication be correct, all infectious diseases must of necessity be contagious.

In infection, again, there is as much actual contact of the poison with the living tissues as in contagion, the difference being merely one of capacity for diffusion of the virus. It cannot be argued that the poison is in a more concentrated state in the one than in the other case, for we are wholly ignorant of the precise quantity necessary to excite the system to the production of a similar poison. The quantity of poison conveyed to a sound person from infected tissues may be absolutely inappreciable by any means of measurement which we possess, and may be much inferior to that which is brought from a distance suspended in the atmosphere. On

the other hand, the poisonous virus transmitted by contact to the tissues may be too minute in quantity to excite any effects in the system, while the same proportion suspended in the atmosphere may be fully equivalent to such an object; the reason for this difference being that in the first case the poison is presented to a surface of very limited extent, while, in the second, the whole expanse of the lungs may be the absorbent surface.

As an instance of the obscurity attaching to the mode of transmission of a poisonous virus, and at the same time of the probably two-fold conveyance of the infectious principle, I may call your attention to the case of a pupil of mine who was engaged in pursuing his medical studies in Paris at the time of the occurrence which I am about to relate. This gentleman was present at the removal of the brain from a patient who had died of small-pox, but took no part in the operation. He then carried the brain home, for the purposes of study, and performed its dissection. He thus subjected himself to the inhalation of the infectious principle during the dissection, and at the same time to its absorption by contagion, by direct contact of his hands with the fluids of the organ. Shortly after this event he returned to England, and had scarcely arrived when he was attacked by secondary small-pox.

The conveyance of a fomes of infection to a distance from the seat of the disease, and its limitation to a confined portion of atmosphere is remarkably illustrated in a case mentioned by Mons. Motard, in his "Hygiene Generale." The brig *Donostiera*, says this author, sailed from Havannah in 1833, and its crew were unaffected with sickness for seventy days. Arrived at a distant port, many hundreds of persons visited the ship without inconvenience. The carpenters then set to work to open the hold; the confined air of this part of the vessel was set at liberty, and immediately afterwards the workmen employed, together with the inhabitants of thirty adjacent houses, were seized with the yellow fever.

Articles of clothing, or objects impregnated with the infected atmosphere, may in like manner become the instruments of transmission of mediate contagion or infection. I may cite, as an instance of this mode of transmission, the remarkable fact recorded by Mr. Ceeley, in the "Transactions of the Provincial Association," namely, the infection of a number of cows turned out to graze in a field in which the bedding of a patient who had died of small-pox was exposed upon the grass. In this case the evidence was so manifest that no question can be entertained of its truth.

Other instances of a similar nature will occur to most medical practitioners, and we all regard with terror the possibility of being ourselves the medium of conveyance of a dangerous infection from the suffering to the sound. I need scarcely recal those lamentable cases in which scarlatina has in this manner been transmitted to puerperal patients, and has been succeeded by fatal results.

The influence of immediate contact is too manifest to call for illustration, but I may be excused for taking this opportunity of mentioning a curious case of this nature, as it points to the necessity of caution in all his acts on the part of the medical practitioner. Mr. Ceeley reports that one of his medical acquaintances who had been engaged all the morning in vaccinating, and had wiped the lancet on his pocket handkerchief, unconsciously vaccinated his infant son on his return home, by applying this handkerchief to his face. The child had a large vesicle developed on the right side of his nose, from which he suffered severely. The fall of the scab has been succeeded by an indelible scar. In a similar manner, by the conveyance of lymph by the fingers, variolæ vaccinæ are not unfrequently developed on the face of the milkers. Mr. Ceeley indicates the forehead, eyebrows, nose, lips, ears, and chin, as the occasional seat of these vesicles.

Whatever the mode of transmission of the poisonous principle from an infected source to a sound individual, or in whatever manner it be received by the latter, whether by the general cutaneous surface, with or without abrasion, or by the skin and mucous membranes together or alone, the mode of acceptation by the system is precisely the same. The virus is dissolved in the first instance in the fluids of the body; and in the second, is conveyed by imbibition into the circulating current of the blood. By means of the latter it is brought into relation with the nerves and the nervous centres, and stimulates the nervous system to that state of morbid excitability which constitutes the chief feature of the febrile invasion. The poisonous principle, once introduced into the blood, possesses the remarkable power of exciting an action similar to that existing in the body whence it emanated, and giving rise to the production of an identical poison. This process has been compared by Liebig to the process of *fermentation*; as when a particle of yeast is brought in contact with a fermentable fluid, the particle of yeast is itself lost, or is too insignificant to be traced further; but the action which it excites causes the production of an abundance of similar yeast. A single individual in this manner may produce virus sufficient to infect a whole city, the presence of other conditions being alone necessary to effect its transmission.

One of the most important of the phenomena of morbid poisons is the modification which they induce in the system of the individual in whom they have been thus generated. By virtue of this modification the

susceptibility to be excited by a similar stimulus, or to take on a similar action, is diminished, and in many instances is entirely abrogated. It is to this principle that we are indebted for immunity from subsequent attacks of the same eruptive fever; and applying this principle to a practical purpose we are enabled, by inducing an attack of eruptive fever artificially, and at a period favourable for its development, to guard the system against its future recurrence.

THE FŒTUS, AFTER FRIGHT OF THE MOTHER.

A LENGTHENED description is given in the "Bulletin de l'Acad. Royale de la Medicine," of a male infant, born in the neighbourhood of Bourges, whose body was covered with stripes varying from a violet tinge to a deep purple, the intervals between which, though white at birth, became soon afterwards of a yellow colour. The external parts of the organs of sense were very little developed, and the eyes were mere fleshy excrescences; the extremities were malformed, and in a retracted position, such as may be caused by violent pain or terror. The infant perished in a short time after birth. Both parents were healthy; and for the first three months of pregnancy the mother, who had previously had a family, experienced no inconvenient symptoms. But, in the fourth month, she was much frightened during a carnival at Bourges, by several persons in masks, one of whom pursued and terrified her so much that she returned home in a very agitated condition, and from that period suffered many distressing inconveniences. The author who reports the case finishes his account by remarking—"Without holding the vulgar opinion which attributes all anomalies and monstrous developments to impressions made on the mind of the mother during pregnancy, and without for an instant admitting the possibility of the fœtus assuming the exact representation of the object productive of fright, we may, I think, admit that sudden and strong emotions, such as joy, fear, chagrin, &c., may not be without effects on the development of the human ovum. Is it, indeed, not rational to suppose that the uterus, the irritability of which is so much exalted during pregnancy, as well as its contents, and the structures connected with it, should have their functions affected (*modifiés*) by a moral shock received by the great nervous centre? Could the fœtus remain insensible to such affections of function? Are not the ordinary glandular secretions of the body sometimes influenced instantaneously by a mental impression? In the case cited, subsequent to the fright, acute abdominal pains, dyspnœa, frequent syncope, fever, &c., indicated an abnormal performance of the functions of the uterus, the proof of which was rendered sufficiently manifest at delivery. Our knowledge respecting the diseases of the fœtus in utero is by no means perfect; and it would be doubtless more philosophical to suspend our judgment, than hastily to decide that the impressions on the mind of the mothers have no effect on the organisation of the offspring."

CURE OF EFFUSION WITHIN THE JOINTS, BY NITRATE OF SILVER.

DR. MORITZ, of Coblentz, applies the argentum nitratum over the joints affected, in two different modes, either drawing the substance across the moistened surface, at intervals of about a quarter of an inch apart, or laying on, with a pencil-brush, a solution of the strength of one part of the nitrate to eight or ten of distilled water. In either case the epidermis of the skin so touched rises in blisters, containing a lymphatic fluid; this is soon dissipated, and after the scaling off of the dried crust the joint is seen to be obviously diminished in size. This treatment is repeated till the joint is reduced to its natural proportion, or as long as may be deemed proper. M. Moritz affirms that the operation is effected with little pain or irritation of the part affected, and that in more than twenty cases he has obtained in a very short time the most complete cure of effusions of the most obstinate nature, and which had resisted all previous methods of treatment. He says, moreover, that the employment of the nitrate is applicable whatever may have originated the effusion, whether rheumatism, scrofula, gout, wounds of the joints, or any other probable cause.—*Medic. Zeitung*, 1842, No. 26.

DYSENTERY AT CHINA.

MUCH has been attributed to the quality of food in producing or keeping up dysentery, and of the truth of this I have another corroboration within these few hours, in the account of an intelligent officer just returned from the China expedition, who says that there seems to be but one opinion that the disease arose from the inferior provisions supplied to the troops. Much of the animal food had been imperfectly cured in India, and portions of it had become "rotten." Even a slighter decomposition than this implies would, I am satisfied, from what I witnessed in 1811, have had its effect. His statements otherwise were appalling. Out of about 890 men in one regiment, less than thirty were at one period returned fit for duty, and, of the 890, about 500, or nearly so, eventually died. Compared with this, the plague is a mild disease; and, in fact, we are informed by some records of the French army in Egypt in 1799-1800, that more deaths occurred from dysentery than from plague.—*Mr. Prior, Edin. Jour.*, Oct.

REMARKS ON LIEBIG'S "ANIMAL CHEMISTRY."

MOTION IN PLANTS.—THEORIES OF THE PHYSIOLOGY OF THE BILE.—THE EXPLANATION OF EMPHYSEMA.—ANIMAL HEAT.—EREMACAUSIS.*

To the Editor of THE LANCET.

SIR,—I have of late been reading Liebig's new work on Animal Chemistry, a work that, embodying and putting in a clearer light, as it does, much that was already known, also adds many new facts and theories to those already promulgated. Yet, as anatomy and physiology must be united with chemistry to form a complete system of physiology, it is necessary that any one writing on so complex a subject, should be well acquainted with all three, so as to allow each to have its proper share in the induction of a new theory. It is merely the object of my present communication to make a few remarks on some passages of Liebig, leaving those who have already commenced a fuller account of the work to complete their survey.

Liebig says, "Animals are distinguished from vegetables by the *faculty of locomotion*, and, in general, by the possession of senses." "The *existence and activity* of these distinguishing faculties depend on certain instruments which are never found in vegetables. Comparative anatomy shows that the phenomena of motion and sensation depend on certain kinds of apparatus which have no other relation than this, that they meet in a common centre."—P. 3.

These general propositions, although defended by the acumen of Liebig, are certainly not borne out by facts. Indeed, some strong ones may be brought to bear on the opposite side of the question, both from comparative anatomy and vegetable physiology. It is, first, not true that animals are distinguished from vegetables by the faculty of locomotion, for some of the lowest orders of plants (oscillatoria) have a faculty of locomotion, passing from one side of a watch-glass to the other without agitation of the water from external causes; Capt. Carmichael's experiments quoted by Hooker (English Flora, V., part 2, p. 372,) show this, and apparently quite independently of light; while many of the lower animals, particularly among the zoophytes, are as fixed as plants. But let this pass, and proceed we from the above quotations and another passage, to discuss the subject more generally:—"Everything in the animal organism to which the name of *motion* can be applied proceeds from the nervous apparatus." Here we have a positive affirmation that all motion depends on a nervous apparatus. A nervous apparatus, according to the common meaning of the term, must be connected more or less in its parts. Where have we, then, the nervous apparatus of the fresh water polyp (hydra)? We can discover nothing more than an homogeneous tissue, any part of which may become a new animal. Neither in the germs of zoophytes can any nervous apparatus be discovered, and if we have a right to infer that a nervous apparatus exists in them, from their motion alone, we surely have an equal right to infer that nervous power exists in the oscillatorias and other plants in which phenomena of motion are discoverable. Here we are driven upon the horns of a dilemma, for either we must admit that motion may take place without nerves, or admit the equal existence of nerves in both classes of organised beings, or, to escape the difficulty, we must form a *tertium quid* under the name of irritability. Even supposing the existence of nerves in the hydra, we are still at a loss for muscles on which they could act, and surely the animal, being half an inch long, is more easy of dissection than many of the animalcules whose anatomy has been so beautifully shown by Ehrenberg. If it be endeavoured to explain away these difficulties on Liebig's own principles, by saying that Liebig considers that these motions in animals and plants are derived from different sources, my reply is, unquestionably they are, so long as nervous power is undiscoverable in vegetables; yet both are motion, the effect is the same although the causes differ. Now I deny that the sensible *motion* of plants wholly depends on mechanical or physical causes, as Liebig's state-

* Last week we mentioned the receipt of a large number of criticisms on the work of Liebig, and the commentaries of Mr. Ancell, and proposed to delay for a time their publication, seeing that Mr. Ancell's great task was scarcely more than begun, and that criticisms commenced upon it, when only a fragment was yet before the profession, were calculated to vex rather than assist the discussion, and disturb the reviewer who has so meritoriously and judiciously undertaken a very important labour, at the wrong moment. These objections, however, do not apply to the communication of Dr. Ayres (received since the last LANCET went to press), whose criticisms are confined to the statements of Liebig, and deserve to fall under the notice of Mr. Ancell, who, having nothing here to defend on his own account, may, or not, as he chooses—and he is fully competent to decide on the propriety of so doing—step aside to admit or object to the charges thus brought against Liebig's announcements. But let us at the present opportunity observe that, the subject being comparatively new, as a whole, and animal chemistry not a matter of temporary interest, it will be better for the present to let the exposition of Mr. Ancell be completed, and then debate the proper points, not piecemeal, but with a full view of the subjects under discussion. No injustice can be done to any party by this arrangement.

ments would lead us to infer, any more than that the motions of animals depend on the same causes, and I found my denial on the following facts:—Allowing to Liebig that the motions he cites, viz., the motion of the sap, that in the cells of characeæ, and the opening and shutting of flowers, depend on mechanical and physical causes, we have several other kinds of motion, one or two of which I shall cite in support of my opinion. The phenomena of generation in plants, which bears so intimate an analogy to that of animals that the only differences between the processes in the two kingdoms are mere modifications of the same plan, is accompanied by motion in both. This is strikingly observed in the motions of the stamens of Parnassia palustris, each of which rises to its corresponding pistil, sheds its pollen upon it, and after having performed its office moves again to its original position. How can this be explained on either mechanical or physical principles? Again, another kind of motion may be most clearly observed in many plants, that of sleeping and waking, originally discovered by Linnæus. The leaflets of leguminosæ, in particular, are bent forcibly down on the petiole during the absence of light, while under the sun's rays they are on a level, or even raised higher than the petiole. This, at first sight, would appear to be produced by the physical action of light straightening the petioles during its presence, and allowing them to fall during its absence. This, however, is not the case, for were the forcible raising or expanding of the leaves dependent on the presence of light, its absence would merely cause them to fall, and not produce a *forcible* depression of the lamina of the leaf. But, even allowing that this were the case, what should we say if narcotics, which destroy the nervous power in man, produced the same effect on the motions of plants? Undoubtedly this would strongly support the opinion that similar causes produced similar effects in animals and plants. Narcotics do produce this effect in plants; they destroy their irritability. The motions altogether cease under the influence of hydrocyanic acid, opium, &c. A flourishing kidney-bean, placed in solution of muriate of morphia, or one containing a small quantity of hydrocyanic acid, will be found profoundly asleep in the course of half an hour, nor are its motions revived by the brightest rays of the sun. The same effects occur in man, nor can suitable stimulants rouse him if the dose is overpowering. Your readers will find information on this subject in the third volume of Decandolle's "Physiologie Vegetale," and I can vouch for their truth from an extended series of experiments on the subject, which, when completed, I intend to publish.

I think these remarks sufficient to show that the *power of sensible motion* exists in plants, which may be brought into action either by *internal* or external (i.e., physical or mechanical) stimuli.

The next subject I wish to bring under your notice is one of the principal theories contained in Liebig's work, and one of the most original—that of the physiology of the bile, which, according to his views, plays so exceedingly important a part in the functions of the animal economy. I flatter myself that I shall be able to show that the whole theory rests on very slender foundations.

First, then, the whole of the calculations brought forward in support of his theory rest on the quantity of the bile secreted in twenty-four hours. He draws his calculation of the amount secreted in a given time from Burdach's "Physiologie," wherein it is stated that the amount of secretion in man is from seventeen to twenty-four ounces; in a large dog, thirty-six ounces; a horse, thirty-seven pounds. We must first ask, how is this proved? I have not Burdach's work by me to which to refer, but shall state some strong reasons why any calculation of the kind must be extremely equivocal. In man this amount must be a mere guess, for since the time of Herophilus and Erasistratus, I am not aware that any physicians have been allowed to open men alive, and thereby to examine the internal organs, nor have any accidents enabled us to examine the amount of the flow of bile from the ducts. It is evident that without such an opportunity no certainty can be established. Nor can we infer from the quantity secreted by other animals, since the quantities stated to be secreted in other animals differ so widely.

Again, as in the animals on which we are permitted to operate the abdomen must be opened, the viscera greatly disturbed, and the nervous system strongly influenced by the shock of the operation, we cannot permit ourselves to believe that the amount of bile flowing from the hepatic duct in a given time would give a quantity similar or approximating to the natural one. If the amount be taken from that flowing from the ductus communis choledochus it will be still more erroneous.

Setting aside this primary objection, other still more grave ones remain; for, supposing the statements of Burdach, and the calculations founded on them, correct, if we trace the progress of the bile according to Liebig's theory we shall arrive at some unexpected results. According to our author, the bile having been secreted by the liver, passes into the intestines, and afterwards is burnt in the circulation. The question then arises, how the bile, after performing its functions in the alimentary canal, arrives in the current of the general circulation? It must do this either as bile or in the form of products resulting from the decomposition of that fluid. That it is not present in the blood of the aortic or pulmonary circulation is evident,

since no one has been able to detect it in the normal state of the blood. If certain products arising from its decomposition pass into the blood, through what vessels do they pass, and what are these products? The contents of the thoracic duct, the chyle, does not appear to contain them; they are neither albumen, fibrine, or hæmatosine, nor is it probable that the fatty matters found in the chyle are produced from the decomposition of the bile; moreover, the latter are minute in quantity. Having rendered it improbable that the bile or its products enter the circulation through the thoracic duct, we have the veins only remaining as absorbent vessels through which it can pass. These veins, where do they lead?—Directly to the portal vein, the secreting vessel of the liver; so that the blood into which the bile is again absorbed, according to Liebig's theory, actually passes through the organ whose function is to separate the bile before entering the general circulation. Certainly, the fact that the bile has to pass from the liver, afterwards through it, before reaching the circulation, where it is to be consumed as fuel, goes against the theory. A fatal objection to the supposition that the bile passes unchanged into the circulation occurs in the phenomena of jaundice. In this disease the biliary ducts are simply obstructed; the bile then evidently passes into the circulation, since its colouring matter is detected in the blood and urine; if then it were true that the bile passed unchanged into the circulation for combustion, how is it that it is not as easily consumed in jaundice, where it does evidently enter the blood unchanged? Waiving the objection afforded by the phenomena of jaundice to the opinion that the bile passes unchanged into the general circulation, how can the blood, charged with the bile, pass through an organ destined for its separation without that separation taking place?

A complete *circulation* of the bile might be deduced from these data!

Thus, then, I enter three grave objections to the theory of Liebig: the instability of Burdach's statements; the improbability that the bile enters the circulation in an undecomposed state; the improbablity that it should pass into the intestines, be re-absorbed by the veins, carried through the liver, and in that manner enter the general circulation; and lastly, that when within the circulation, in cases of jaundice, it should be incapable of combustion.

A curious, and, I believe, an incorrect account of emphysema occurs at p. 115 of Liebig's work. He says that in wounds of the lungs the air penetrates into the "cells" (cellular tissue?) and *is carried* by the circulation to every part of the body, so that every part is puffed up with air, as with water in cases of dropsy. That this is incorrect will be made manifest by consulting any standard work on surgery, where the occurrence of the emphysematous swelling is clearly explained on far simpler and more certain principles. Emphysema arises, in all cases, from a direct communication between the air-cells of the lungs and the cellular tissue, whether this arises from rupture of the cells, wounds, or ulceration.

The theory of combustion of oxygen appears to me to have been in a kind of floating existence in the minds of chemical physiologists for a long period, together with the opinion that the altered tissues were the parts of the animal organism that entered into combination with it, either in the capillaries or the substance of the tissues, and that Liebig's chief merit consists in distinct and precise enunciation of the theory.

The theory of eremacausis, as the cause of digestion, is a beautiful one, and clearly explains that hitherto mysterious process; not only does it do this, but it may be applied to the theory of many diseases. Should the present effusion meet with your approbation, I shall feel inclined to send you another communication on this subject. I am, Sir, your obedient servant,

PHILIP B. AYRES, M.D.

Thame, Nov. 24, 1842.

THE CRIME OF STUDYING HEALTH.

LORD CLIVE, on his return from India, where he had so wonderfully acquired riches as well as distinction, remarked,—"I am rich, ennobled, fortunate in my connections, happy in my family and friends, in short, in all excepting health, which I shall never regain," and he soon afterwards committed suicide. But his fate prevents not the world from still pursuing wealth before health. It obeys the law, but not the prophets. Of the present, as of the past, it may still be said, that "neither would they be persuaded though one rose from the dead." The truth is, that in *this* country, at least, poverty, according to law, is a crime.

POLITICAL VALUE OF MEDICAL EVIDENCE.

GOVERNMENTS attend very sedulously to the public purse, to political intrigues, "foreign relations," and the like, but to the effects of their measures upon the well-being of families at home, they are comparatively blind. The consequences are daily manifest to the medical man, who sees that every tax which has a tendency to diminish the supply, or deteriorate the quality, of common articles of ordinary food, produces more misery than the most bloody war. While the latter sacrifices its thousands, the former has for its victims millions of human beings. How important a national document might be framed from the united testimony of all the medical practitioners of England on the amount and effects of the diet of the poor in this country!

CURE OF CONTRACTED FINGERS BY BLISTERING.

To the Editor of THE LANCET.

SIR,—Having read the case of contraction of the fingers related by Dr. Marshall Hall, at the Medical Society of London (p. 301), I take the liberty of forwarding to you the following analogous case, in which the treatment adopted was perfectly successful.

Miss K., a young woman, about twenty-four years of age, of a highly hysterical temperament, and who had a congenital contraction of the muscles of the right side of the face, producing much deformity, applied to me for advice in the spring of 1841, with a contraction of the middle, ring, and little fingers of the left hand, which came on about a year and a half before, immediately after a fall, in which she bruised the arm. The fingers were firmly and rigidly fixed in the palm of the hand, and the nails were beginning to *grow into* the integuments. I took the opportunity of a medical meeting in this town to show the case to several medical friends, who severally recommended different modes of treatment. Mr. M'Intyre, of Bury St. Edmunds, advised the application of moxa along the flexor tendons of the arm. She objected to this, but I obtained her consent to the use of blisters, and directed one, an inch broad and five long, to be laid over the tendons of the flexor muscles of the forearm, and when healed to be re-applied. The first blister partially succeeded, the contracted fingers becoming gradually extended. The second effected a perfect cure. The fingers became straight and useful, and have remained so ever since, now two years.

I hope that in Dr. Marshall Hall's case counter-irritation will be *fairly* tried, even to the use of moxa, before the severe operation recommended by Messrs. Pilcher, Proctor, and Linnecar, is resorted to. I confess I am rather sceptical as to the cause of the contraction in his case assigned by Dr. Hall. If the first contraction resulted from a wound of the median nerve, what caused the second contraction, which followed a venesection in another vien, of course out of the way of the median. I should rather suspect, with Dr. Chowne, that there was an hysterical diathesis. Perhaps Dr. Hall (for whom I entertain the greatest respect) will permit me to ask for his elucidation of the *modus operandi* of the removal of one cicatrix and the substitution of another. Did it remove a cause of irritation of the nerves of the arm? If so, what nerve was implicated in the last operation? Was a principal nervous branch wounded in *both* operations, or did the cicatrices after venesection merely prove irritants through the medium of the cutaneous filaments? Did the operation itself produce a counter-irritant effect? In both Dr. Hall's case and my own precisely the same results followed an injury to the arm. In my case there was no wound. In Dr. Hall's the same phenomena result from *two* wounds, distant from each other, therefore out of the range of the same nerve.

Yours obediently,

C. R. BREE, M.R.C.S.

Stowmarket, Nov. 21, 1842.

PREVENTION OF COAGULA IN CATHETERS.

FRACTURE OF A CATHETER IN THE BLADDER. EXTRACTION.

To the Editor of THE LANCET.

SIR,—Various ingenious contrivances for clearing a catheter, when obstructed by coagulated blood, have been suggested by Mr. Denton, Mr. Lampard, and other surgeons; but although I have been in practice during considerably more than thirty years, and have had pretty extensive experience in the use of the catheter, I have never yet seen it obstructed by a coagulum of blood during its introduction; but as it has happened to others, perhaps the best mode of preventing its occurrence would be to have a long bougie, or flexible metallic wire, of such a size as to fill completely the cavity of the instrument, instead of the slender silver wire at present in general use: if this method were adopted no coagulum could possibly enter the extremity of the tube.

As I am on the subject of the catheter, permit me to relate an accident which many years since happened to one of my patients, an old man, in his 81st year, who had long been afflicted with an enlarged prostate gland. In order to avoid the inconvenience of frequently introducing the instrument, a flexible catheter was passed, and properly secured, but after a few days he declared that he could support it no longer; it kept him in a state of continual irritation, feeling, as he expressed it, like a worm crawling about in his bladder; he therefore begged I would introduce the silver instrument, and let it remain during the night. This was accordingly done, and it was secured in the usual manner to a T bandage, and strict injunctions were given that he should be very careful, and not rise from his bed before my visit on the following morning. On my next visit he informed me that the instrument caused so much pain he was anxious to have it removed, and that the urine would not flow through it. I immediately proceeded to withdraw it, but to my surprise the straight part only came away, the curve having been broken off, and left in the bladder. He now informed me that in his sleep he had turned over, and struck the end of the instrument against the edge of the bedstead, which gave him great pain, and that not a drop of urine had flowed afterwards.

On passing my finger along the course of the urethra I could feel the extremity of the broken instrument in the perineum, close to the verge of the anus. I directed him to lie perfectly quiet, and returned to my own residence, only a few doors distant, where I met my friend and colleague, Mr. Seymour, to whom I related the case. He could not believe me to be in earnest until I produced the straight end of the instrument. Having provided myself with scalpel, forceps, &c. &c., we proceeded together to our patient, and, with the assistance of a tailor, in whose house my patient lodged, and a young farmer whom I met in the street (no medical friend being at hand), we secured our unfortunate patient as for the operation of lithotomy. I passed no staff nor any director down the urethra, lest I should force the broken end completely into the bladder, and increase the difficulty of its extraction, but made my incision by the side of the raphé, exactly as in lithotomy; then, turning the edge of the knife upwards, I cut directly upon the broken end of the instrument, and withdrew it with a pair of forceps. A female catheter was now passed through the wound into the bladder, and firmly secured, and a piece of lint was placed over the wound. The day was passed with very little pain, the urine flowing freely by the female catheter. He was ordered to be kept very quiet, and have no food but gruel and tea. On the next morning I found him very comfortable, merely complaining of a little smarting, and of the inconvenience of the urine constantly flowing through the catheter. I told him that I hoped he would do well, but recommended perfect quiet, gruel, and tea. "Lord, Sir," he exclaimed, "I can't live so; I've never been used to it. Why, last night, after you left me, I had a beef-steak and a pint of porter for supper, and slept all the better for it." This man recovered without one untoward symptom, the wound healing rapidly, excepting at the orifice in the perineum, where the female catheter was introduced, and which he persisted in keeping open, declaring it was far more convenient than passing a long catheter through the whole canal. He lived more than two years after this occurrence, walking about in the enjoyment of good health, with the female catheter in his pocket, which he used several times every day, and died at last from old age. I am, Sir, your obedient servant,

GEORGE HARVEY.

Castle Hedingham, Nov. 15, 1842.

CLUB-FOOT and distortions arise from under development of particular muscles.—*Dr. Knox.*

DR. KNOX, having dissected four cases of women dying in, or immediately after labour, found the symphysis pubis relaxed *in all of them.*

PREVAILING SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—A remarkably mild form of scarlet fever is prevalent among children at the present time which, though often overlooked by the parents, and sometimes by the medical attendant, it is important to recognise, that measures may be adopted to prevent infection; I believe the wide extension of this disease among all classes may be ascribed partly to want of caution with regard to these cases.

Children have been brought to me lately either with swelled cervical glands, or with discharge from the ears, or with anasarca, the consequence of scarlatina, though the parents, in ignorance of their having had the fever, had allowed them to associate with the family and playmates as usual. In mild examples of the complaint the febrile symptoms are so inconsiderable, and the rash is so evanescent, that they are altogether unnoticed, or supposed to arise from the irritation of dentition. Some of the tooth-rashes so closely resemble this exanthem that it is difficult to distinguish between them. In many cases it is impossible, from the appearance of the rash alone, to pronounce whether a case is scarlatina or roseola infantilis. The state of the tongue, however, if carefully observed, will always prove a sure guide in the diagnosis of scarlet fever, and the characteristics, the prominent papillæ, with unnatural redness of that organ, continue many days after the eruption has disappeared. I have met with a few children in whom the prominent papillæ, with redness of the tongue, are always observable, but the absence of all other symptoms will direct in such instances. The prominence of the papillæ in these children seems to originate from, or to be connected with, great irritability of the gastro-pulmonary mucous membrane, shown by frequent diarrhœa and oft-recurring catarrh.

Where anasarca occurs as a sequel of scarlatina, the tongue may have lost its characteristic appearance, for in nineteen out of twenty cases three weeks *exactly* elapses between the commencement of the rash and the supervention of the dropsy, but it can be readily ascertained whether any symptoms of the fever have been present previously. In my own experience I have never met with anasarca in a child, apparently unconnected with other disease, but as the consequence of scarlet fever; it has been stated that it follows measles, but innumerable mistakes are made in diagnosis between rubeola and scarlatina.

Among the poorer classes mild forms of scarlet fever are often treated with indifference, owing to the improper application of the term "scarlatina," by prescribing chemists and other uninformed persons. A child is taken ill with sickness (the most common early symptom of scarlatina), and

fever and a rash appear; the mother hurries off with it to the nearest shop, and is told that "it is not a case of scarlet fever, but scarlatina;" all anxiety is removed, and the child is allowed to associate with other children, as usual. I am, Sir, your obedient servant,

GEORGE A. REES.

Artillery-place, Nov. 25, 1842.

UTERINE POLYPI EXPELLED BY AID OF THE ERGOT OF RYE.

A MARRIED lady, thirty-two years of age, residing in France, had for a considerable length of time suffered from distressing feelings in the pelvis. Menstruation was irregular, and often superabundant. She experienced frequent pains in the back, the sides of the abdomen, and along the rectum, with swellings, cramps, and troublesome itching and irritation in the lower extremities. She was unable to procure any evacuation of the bowels except by the use of a clyster. On examination the uterus was found to have descended very low into the pelvis; the body and fundus of that organ were found occupying the hollow of the sacrum, and closely compressing the rectum, while the neck and orifice were raised towards the symphysis pubis; and the posterior lip of the orifice, the only part which could be felt, was hypertrophied, and covered with abnormal growths. The finger, introduced into the rectum, was soon prevented from further passage by the pressure of a hard, roundish body, difficult, though not impossible, to displace. The use of bleedings, emollient injections, frictions, and antispasmodic and narcotic medicines, effected no amelioration of the symptoms; and after nearly a month's employment of these inefficient remedies an abundant hæmorrhage took place, subsequent to which event a fresh examination proved the uterus to have diminished in both size and callosity. The medical attendant now had recourse to the ergot of rye, of which the patient took several doses, amounting altogether to two scruples, in the course of the first day. During the following night the hæmorrhage was still more abundant, and the pains increased, and the next day a drachm of the ergot was given. On the succeeding morning, after intense pain, the patient passed by the vagina, a red body, of the size of a pullet's egg, resembling in point of appearance a clot of blood, but much more dense and elastic, and covered with a thin membrane. On a new examination the surgeon found a body in the vagina, which by traction between two of his fingers was removed, and found to be of a pyriform shape, similar in its nature to the substance which had been previously expelled. From this time the cure proceeded actively, and the uterus by degrees regained its normal position.

INTRA-DENTAL ABSCESS. USE OF A VENT IN THE "STOPPING" OF A DECAYED TOOTH.

To the Editor of THE LANCET.

SIR,—Cases of suppuration of the lining membrane of the internal cavity of a tooth, and in which the periosteum is not implicated, are, so far as my experience enables me to judge, not of frequent occurrence. More usually inflammation of that delicate and highly organised membrane rapidly extends to that investing the root, and then the whole tooth becomes slightly projected and exquisitely painful; nor is it, probably, ever wholly unaccompanied by inflammatory action in the latter structure. It does, however, occasionally happen that on the sudden exposure of the internal cavity, by the breaking down of the thin layer of softened and carious bone which protected it, and more especially if pressure be applied by the injudicious introduction of some substance by way of stopping, that suppuration very speedily ensues. If, under these circumstances, the substance which has been introduced to seal up the cavity be now removed, so as to allow the free discharge of the pus, the inflammatory action appears to subside, and the lining membrane becomes the seat of permanent abscess. This, though it is not susceptible of a radical cure, being unaccompanied by any considerable tenderness, does not interfere with the usefulness of the tooth, the secretion of pus being very minute, scarcely amounting to a spot in the twenty-four hours, and any inconvenience arising from its communicating an unpleasant odour or taste may be easily obviated by introducing a pledget of dry soft lint.

The case, however, is far different if, under these circumstances, we attempt to seal up the cavity by the introduction of a permanent stopping, and an entirely new train of symptoms presents itself. After a short time, varying according to the rate of secretion and the extent of suppurating surface, the pressure of accumulated and pent up matter produces intense pain and inflammation in the remaining healthy portion of the membrane, and, eventually, producing absorption of the parietes of the minute canal at the extremity of the root, escapes into the alveolus, and is finally discharged either at the mouth of the socket and edge of the gum, or through an opening which it effects opposite the end of the root. In this aggravated state of things the case has, of course, become one of common alveolar abscess, of which it is not my intention here to say anything, my few remarks simply having reference to that form of tooth-disease in which a small portion of the lining membrane of the internal cavity (*cavitas pulpæ*)

may be the seat of suppuration, without involving total loss of vitality of the tooth, or inflammation, and consequent tenderness of the periosteum and root.

These remarks were suggested by the following case, which occurred during the past month, and which, as it shows the possibility of preserving a tooth from further decay which has been the seat of simple internal abscess, may possibly be regarded with interest by some of your readers.

A gentleman from Cambridge applied to me to have the operation of stopping performed upon the first molar of the lower jaw, left side. The cavity, which was situated in the central portion, was large, but the parietes of the crown were hard and strong, and capable of sustaining the pressure necessary for the introduction of such a mass of stopping as would be required. The tooth was not then, nor had it been for some considerable time past, the source of pain or annoyance, except as affording a lodgment for the debris of food and the putrescent juices of the mouth. To obviate this in some degree the patient had been in the habit of filling the cavity with cotton. This, however, was not only troublesome, but inefficient, from its partially absorbing and retaining the matters it was intended to keep out of the cavity. On removing the cotton which was then in the tooth I discovered, on the under surface of it, a minute discoloured spot, and on examining the floor of the cavity, an almost microscopic foramen might be traced communicating with the central cavity (cavitas pulpæ). On further inquiry it appeared that about twelve months since this tooth had been filled by a country practitioner, and although up to that period it had never been more than occasionally uneasy, the most intense agony supervened after the lapse of about twelve or fourteen hours, with throbbing or "jumping" headach, and increasing febrile excitement, until the stopping, to which the symptoms were so distinctly referred, was removed. The inflammation and tenderness now quickly subsided, but from that period a minute quantity of pus had been observed upon the under surface of the cotton. Being in possession of these particulars, I somewhat reluctantly complied with the wish of my patient, feeling pretty certain that a repetition of the operation, though at this distance of time, would only reproduce the old train of symptoms. However, as he was unwilling to part with the tooth, and the attention it required in its present state being irksome, I resolved at once to fill up the cavity and yet to allow a vent for the minute quantity of pus that still continued to be secreted. Accordingly, having "*domed* up" a piece of tin-foil, folded six times upon itself, and placed it like an inverted cup over the opening which allowed the escape of the pus, by which I should avoid pressing upon the internal membrane, I proceeded to complete the stopping in the usual way. This was done without the slightest pain being produced, either during or after the operation, and I now purposed to provide for the discharge of matter by drilling a fine canal through the mass of stopping, taking an oblique direction forwards. Of the necessity of this precaution I could not very readily convince my patient, who requested that it might at least be deferred until some uneasiness should seem to demand it. By the next morning, however, the old symptoms having in some degree begun to present themselves, he was very glad to resort to it. On penetrating the little cup-shaped support in the centre I withdrew my drill and found it tinged with matter, and the relief was instantaneous and complete.

It may be said that much has not been accomplished, no cure has been effected. I answer none was attempted, because I believe it to be impossible (at least in the present state of dental surgery) completely to arrest the suppurative process when once established under such circumstances and in such situation. What has been accomplished is this: a tooth which in any other manner would seem to contra-indicate the operation, has been stopped, and thus not only prevented from affording a lodgment for putrescent particles of food, &c., and protected from their decomposing action upon itself, but restored to its perfect functions as a tooth. The little canal constitutes, in fact, a silver tube, which prevents the pus, in its escape, from coming in contact with the dentine or tooth-bone. To guard against the possibility of its becoming filled up, I was careful to make it extremely small, and to give it an oblique direction forwards, selecting of course the lowest portion of the cavity, and these precautions appear to have been so far successful, no return of the symptoms having been observed. In the case of an upper tooth this care would be unnecessary, and the canal might be drilled perpendicularly, any foreign matter being prevented, by its own gravity, from entering the cavity.

I could instance several cases which have come under my own observation in which the operation of stopping has been otherwise well and efficiently performed, but for the want of some such precaution, the tooth, after giving rise to the most distressing agony, has been sacrificed. I will allude to only one, the preparation of which is in the museum of St. Thomas's Hospital. It is somewhat remarkable for the fortitude with which the pain was endured, under the strong hope and conviction that it would subside, the tooth being undoubtedly well stopped. A large cavity, which was discovered in the posterior part of the second superior bicuspis, was filled with gold; a few days after a dull throbbing pain was felt, which became more and more distinctly referrible to this tooth. The stop-

ping being perfect, however, and the tooth not having been previously tender or painful, it was patiently endured for upwards of a week, when headach and fever having supervened, and little or no relief following the application of leeches or fomentation, the tooth was removed. On examining it, I found a large cavity produced in the substance of the root by the pressure of matter thrown out from the internal membrane and pulp. The external wall of this cavity was extremely thin, and in one part there was an actual perforation. It was evident that either the pressure of the stopping upon some part of the lining membrane had set up a suppurative process, or that having previously occurred, the matter was in the same manner confined. In either case the tooth might doubtless have been preserved by the timely adoption of some such plan as I have here recommended, With many apologies for occupying so much of your valuable space on a subject which may probably interest only a portion of your readers, I am, Sir, your obedient servant,

EDWIN SAUNDERS.

Argyle-street, Nov. 19th.

MR. CRAIG'S WORK ON PROTRACTED LABOURS.

MR. CRAIG, of Paisley, wished us to append to his paper inserted last week the following remarks on another point. Not then having room to comply with his desire we publish them now. Mr. Craig says,—

I should feel grateful to be permitted in this place to inform the readers of the "British and Foreign Medical Review," that, in the number of that publication for October, 1839, my work on Protracted Labours, &c., has been, in my view, very incorrectly noticed. As I entertained no doubt that the perversions made in the review relative to some of my statements were unintentional, I immediately wrote to the editor, requesting him to correct the errors, which I pointed out, but he replied, "I see no sufficient reason for giving your comments a place in our pages," and added, "You have not invalidated any of the charges in that article," &c. The following are a few of the corrections that I requested to be made :—

At page 471 the reviewer says that my treatment in protracted labours "consists in giving the patient a drachm of laudanum at a dose, and repeating it twice more, if necessary." Now, my treatment consists in giving sixty drops of laudanum at a dose, and repeating it twice more if necessary. The quantity which the reviewer makes me recommend is about double the quantity mentioned in my book. I have noticed in another part of the work that, from careful observation, it appeared to me that the doses of laudanum which I had used were the maximum quantities that could with safety be administered to parturient women; it follows that the doses named by the reviewer are not only dangerous but may even be fatal ones.

In the observations made on the twelfth case of protracted labour, the reviewer says, "Having made her (the patient) swallow two drachms of laudanum," &c.; and again, "The third drachm was given." It is almost needless to repeat that I never gave more than three doses of laudanum, of sixty drops each, in any case, which is little more than the half which the reviewer makes me to say was given. Again, he states that, "after a dreadful night of pain and vomiting, the child was born at five in the morning." Now, in the work it is distinctly stated, that after the means of relief were employed the patient became much easier, especially in the intervals between the pains, when she fell asleep. She vomited only twice. This was one of the most severe and obstinate labours which I have attended for many years, and yet the child was born alive twelve hours after the commencement of labour, and the mother without a bad symptom. Notwithstanding the monstrous doses of laudanum which the reviewer says were given in this case, he admitted that the child was born at five in the morning. * * * *

In the remarks on the fourth chapter, "Uterine hæmorrhage after the birth of the child," the reviewer goes on to say, "And here we think that the author even out-does himself. We are, he says, neither to wait until we see 'a small stream of blood trickling over the bedside,' 'nor until we are informed that there is a large discharge.'—(P. 164.)" But when reference is made to page 164 of my book, no passage of this sort is to be found; no, nor in any part of the book. Indeed, to have so expressed myself with reference to the subject discussed would have been sheer nonsense.

NATURE WITHOUT AID.

A GERMAN, aged 35, was struck by a musket-ball, which perforated the middle of the right thigh, fracturing the femur. He was perfectly unmanageable, and would not allow himself to be handled, so that hardly any treatment was employed. Feb. 13th (three months after), the thigh was shortened four inches, and about a fourth thicker than the left; the wounds in the soft parts had healed, and he was confined to bed in consequence of ascites and anasarca, of which he died on the 19th of April. This case shows the result of *no treatment*, and the amount of shortening in a fractured femur when left to itself.—*Dr. Stratton, Edin. Jour.*, Oct.

ACCIDENTAL EXTIRPATION OF THE DUCT OF STENO, AND ITS EFFECTS ON THE PATIENT.

A CIRCUMSTANCE of this nature, the result of a natural process, is recorded by M. Roelants, in the "Annales de la Soc. de Med. d'Anvers." An old gentleman, arrived at the age of eighty-two years, but of a strong constitution, was attacked by fever, about a fortnight after the invasion of which a tumour began to appear, which soon enveloped all the right side of the face, with a part of the neck. Suppuration having been promoted by cataplasms, the abscess pointed in two places, one opposite the last molar tooth, and the other behind the angle of the lower jaw. In both these places M. Roelants made extensive incisions, from which large quantities of laudable pus issued. Decoction of bark was now ordered, and a generous diet inculcated, and the strength of the patient was soon restored. The suppuration, however, continued for about three months, when a hard body was said to be discharged through the orifice behind the jaw. The medical practitioner not being at hand at the time, this body was not preserved, nor could any satisfactory account be obtained of its nature; M. Roelants, notwithstanding, asserts his conviction that it comprised the duct of Steno, together with a portion of the parotid gland. The suppuration now rapidly subsided, and in a few months the wounds were entirely healed. However, the patient ever afterwards experienced a remarkable inconvenience. At all times the skin over the right side of the face appeared more flushed than that on the opposite side; but as soon as mastication began it assumed a deep red colour, and vessels, from two to three lines in diameter, gorged with blood, became very obvious in the parenchyma of that side. In about a minute all the right side of the face, from the temporal fossa to the inferior margin of the lower jaw, was covered with moisture, which in less than five minutes collected into drops, and ran in streams down the side of the face and neck. On the termination of the masticatory process the moisture disappeared, and the face resumed its usual aspect. The phenomenon detailed was less conspicuous when liquids were swallowed, and became proportionally more strongly marked the more that mastication was necessary. The liquid produced had an alkaline reaction, restoring a blue tinge to red turnsol paper. Had it been of the constitution of ordinary perspiration that result would not have occurred; but there seems every reason to believe that it was actually the salivary secretion, which had found an external mode of exit, in consequence of the obliteration of the internal duct.—*L'Experience.*

POISONING BY MEAT.

A SINGULAR and fatal event is now, for the first time, reported to have taken place at Zürich, in 1839. At a popular *fête* there upwards of six hundred persons partook together of a repast, consisting chiefly of veal roasted, or in cutlets. At variable periods afterwards nearly all of these individuals were taken ill, and in a week most of them were bedridden. They were affected with rigors, vertigo, headach, intense fever, diarrhœa, vomiting, and sometimes delirium. At a later period an abundant flow of a fœtid saliva occurred, the interior of the mouth being covered with ulcers; and in many cases, after involuntary discharges of the fæces, great prostration of the strength, &c., death ensued. In these cases the mucous membrane of the digestive canal was found softened, the intestinal follicles ulcerated, and the veins empty. It was afterwards ascertained that the veal when eaten had been in an incipient stage of putrefaction. The great analogy between the symptoms produced by it and those of typhus was very striking; and it is further remarkable that many of the persons who attended on the patients, though previously healthy, and who had not been partakers of the deteriorated food, were attacked by the disease.

A somewhat similar circumstance recently happened in the Grand Duchy of Baden. A roebuck having been taken in a net, was killed while making violent efforts to escape, and while in a state of the utmost terror and fatigue. Nearly all the persons who partook of the flesh of this animal experienced a violent gastro-intestinal inflammation, with other symptoms similar to those detailed above; though in this instance neither was the flesh in a putrefying state, nor were any of the cases fatal.—*Journ. de Pharm. et de Chim.*, Aug., 1842.

EFFECTUAL REDUCTION OF STRANGULATED HERNIA BY ETHER.

M. VELA has been enabled to effect the reduction of strangulated hernia in many cases by the external application of sulphuric ether, accompanied with friction; in which plan of treatment he has been successfully followed by other French surgeons. M. Darbon, of Bordeaux, was called to a case of inguinal hernia in a woman, fifty-seven years of age, forty hours after strangulation had occurred. When all other attempts at reduction had failed, he had recourse to irrigations of ether over the surface of the tumour, which, to his surprise, disappeared in the space of five or six minutes, and was followed by a copious evacuation of the bowels, and the prompt recovery of the patient. The same practitioner reports an-

other case, occurring in a man thirty-six years of age, to which also he was called. The hernia formed a tumour eight inches in length by an equal breadth, and extending to the base of the scrotum; it was hard, and so painful that the taxis was impracticable. Copious bleeding, baths, and frictions with belladonna, &c., having proved of no use, the patient was raised by means of a bolster under the hips, so that the tumour should present for the manipulation of the operator its whole surface, which was accordingly irrigated with ether gently rubbed over it by the hand. Three minutes after the commencement of this process the hardness of the tumour began to give way, the hernia diminished in volume, and seven or eight minutes were sufficient to produce its total reduction, followed by the speedy cessation of all the previous alarming symptoms. The ordinary operation for strangulated hernia is sufficiently difficult and doubtful in its result to render any medicinal agent tending to supersede its necessity a valuable adjunct to surgical science. — *Gazette des Hopitaux*, Suppl. Oct.

DIFFICULTY OF DISCOVERING FISTULA IN ANO.

A FRENCH contemporary, remarking "that this is the disease the diagnosis of which is probably more subject to error than that of any other," cites the following case in proof of the assertion:—P. B., of Marseilles, thirty-four years of age, and of a robust constitution, had suffered from hemorrhoids for six years, when he contracted three successive blenorrhœas (*ecoulemens*), which were succeeded by so much difficulty of micturition that the urine was voided only drop by drop, and with much pain. The evacuation of the fæces was also painful, and the discharge of hardened matters was only effected every three or four days by the aid of clysters. Under the impression that stricture existed the patient was subjected many times to cauterisation of the urethra, and was subsequently put, first on a mercurial course, and afterwards upon a course intended to combat an herpetic tendency to which he had been formerly subject. At length the patient could no longer pass his urine without the aid of the catheter, nor even then without strong pressure upon the hypogastrium; he also suffered severely on going to stool. After two years and a half of suffering, in 1830 he consulted a surgeon, who, having passed a catheter with ease into the bladder, ascertained that no stricture was present; but on finding a hardened body about an inch above the anus and close to the neck of the bladder, considered the prostate to be diseased. He contented himself, after several bleedings and the application of leeches, with enjoining a very low diet, which produced a temporary alleviation of his evils, but a slight departure from which caused their re-appearance with redoubled force. The internal and external employment of iodine was productive of no benefit, and the disease was pronounced incurable. The patient now consulted M. Lallemand, who ascertained that the hard body felt in the rectum was an hemorrhoidal tumour, instead of a cancerous prostate, as had been supposed. Judiciously considering, however, that this was inadequate to have produced all the preceding symptoms, he pushed his examination to the discovery of a fistulous opening, the operation on which caused the speedy disappearance of the preceding distressing symptoms.—*Gazette des Hopitaux*, Suppl. Oct.

AMPUTATIONS IN PARIS.

MEDICAL statistics receive much attention on the continent. In the hospitals of Paris, from 1836 to 1840 inclusive, 852 amputations were reported to have been performed, the general results of most of which were as follow:—Of 201 cases of amputation of the thigh 126, or 62 per cent., were followed by death; of 192 amputations of the leg death ensued in 106 cases, or 55 in 100; in 38 do. of the foot the subsequent mortality was only 9 cases, or 24 in 100; in 91 of the arm there were 41 deaths, or 45 in 100; in 28 of the forearm 8 deaths, or 28 in 100. The mortality after amputations of the toes or fingers was comparatively inconsiderable: 564 of these operations took place on male subjects, of whom 267 died; 165 were on females, 56 of whom succumbed. The autumn appears to have been the season most unfavourable to happy terminations of these cases, and next to it the spring; the summer and winter are the most favourable seasons; the latter pre-eminently so. Such researches have great practical utility; but in none of our own hospitals are similar attempts at generalising results pursued by the medical establishment.

THE phenomenon of *grinding* powerfully illustrates a deficiency in the medical schools; for, while it is true that the majority of the individuals who are *ground* are young men, who require *cramming* in order to obtain the licence to practise, and whose need for it is but a discreditable proof that they have neglected other opportunities, it is likewise beyond doubt that many industrious, able, and well-disposed pupils share the same resort, not so much (if at all) to obtain direct instruction, as to have their attainments tested, "to see what they know," and, by the discipline of familiar examinations, to acquire confidence and precision of reply.—*Simon, on Med. Education.*

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 5, 1842.

Mr. H. J. JOHNSON, President.

(Concluded from p. 323.)

ABSCESS OF THE LIVER—PARACENTESIS.

The PRESIDENT related the following case:—The patient, a surgeon in the Madras army, age 44, but looking at least twenty years older, had served twenty-one years in India, where he was weakly and dyspeptic, but never suffered from acute tropical disease. He left Madras in April, 1841, suffered severely with dyspepsia in that month at Bombay, and arrived in England in June, very emaciated, with hepatic derangement, which was followed by some enlargement of the affected organ. He took blue pill and drastic purgatives in vain. In October last year the tumour in one night extended to the umbilical region; there was a feeling of distention only. He was ailing all through the winter and spring of 1841-42. In April and May he suffered great torture from the passage of gall-stones; his health, nevertheless, improved. In May he began the use of the cold bath, which he continued till August, and then left it off, there being an increase in the size of the tumour, with the accession of obtuse pain. At this period, at the request of Dr. Johnson, the patient was seen by Mr. Martin. He had now a hard, painful tumour in the region of the liver, with a distinct and separate enlargement of the cæcum. His pulse was 96; the bowels were constipated; his health wretched; but he had no rigors or sweats. He was now ordered the nitro-muriatic acid bath, and aperients, and subsequently the warm bath. In a month he greatly improved, and the cæcal enlargement disappeared. The patient now quitted town, and was attacked with catarrh and diarrhœa. Unhappily he *would* use mercurials, and from that time he rapidly declined. Mr. Martin saw him on the 28th of September, and thought he perceived fluctuation in the tumour, which was very painful, especially about its centre; pulse 120; night delirium; emaciation excessive. At a consultation now held between Dr. Johnson, Mr. Martin, and Mr. H. J. Johnson, a careful examination of the tumour led to the detection of deep-seated fluctuation, which was also considered to depend on a circumscribed formation, from alteration of the position of the body not altering the site of the fluctuation, and from a distinct hardness around it of four or five inches in extent. On Oct. 1, he (Mr. Johnson) introduced an exploring needle into the fluctuating tumour, but in consequence of the depth to which the instrument was passed it was nearly wiped clean on being withdrawn, but the operator thought there was some pus in the groove. At all events he was quite certain that the point of the needle had passed into a cavity, as it could be made to oscillate. On the next day it was determined to evacuate the abscess. A middle-sized trocar was accordingly with much difficulty, owing to the resistance offered to its progress, passed into the tumour, with a kind of jerk. At first no matter escaped, but in a minute or two a thick grumous matter, mixed with coagula, dribbled out of the canula. In two hours about six ounces more had escaped. The canula, which was firmly impacted, was left in its position, and a poultice applied over all. He took anodynes at night, and had light nutriment, with a little wine, and mild aperients. Next day there was a free discharge, much relief, and the delirium gone, as was also the pain, the pulse having sunk to 90. At night, however, the fever increased, and his tongue became glazed and dry. This again occurred on the following night, and as the canula had become loose it was withdrawn; the discharge being free, but thinner and bloody, and escaping in gushes, by pressure. The pulse had increased to 100. He was evidently declining; the tongue very dry and glazed. Whenever the discharge was at all arrested he experienced great inconvenience, and even pain, in the region of the liver, disappearing when the discharge was set free. At two o'clock in the morning of the 9th he was seized with violent pain in the abscess, which made him start out of bed; this occasioned a copious jet from the opening, followed by complete relief, but he rapidly sank, and expired, in perfect possession of his faculties, at noon. After death the body was found emaciated. In the thorax were universal and firm adhesions of the surfaces of both pleuræ. The structure of the lungs was tolerably healthy. The cavity of the pericardium contained about one ounce of fluid. Heart rather larger than natural, loaded with fat; valves and great vessels tolerably healthy. The great omentum, which was loaded with fat, firmly adherent to the parietal peritoneum. Liver much enlarged, forming a tumour of some size, extending into the left hypochondrium, and downwards, considerably below the umbilicus. Its peritoneal covering adhered firmly to the parts with which it was in contact. The increased size of the liver depended principally upon enlargement of the left lobe. The opening which had been made during life was found to lead into a considerable cavity, situated on the upper surface of the right lobe of the liver, near its free margin, bounded by dense and firm adhesions which had taken place between the peritoneum covering the liver, and that lining the parietes of the abdomen. The abscess, however, extended into the interior of the substance of the liver by a large ulcerated opening, and had made its way also to the under surface of that viscus, forming a large collection of matter in the situation of the gall-bladder,

no trace of which could be discovered, its place being entirely filled up by the pouch of matter. On pursuing the gall-duct from the intestine it was found to proceed directly to this cavity, from which it was separated merely by a barrier of lymph. The abscess had also made its way, by ulceration, into the cæcum, a large opening into which existed nearly opposite to the ileo-cæcal valve. The structure of the liver was somewhat indurated. The right lobe presented a curious lobulated appearance, being divided into two or three smaller lobes. The kidneys and other viscera healthy.

This case presented several features of interest. Amongst them was, first, the absence of rigors. In acute abscess of the liver this was a pretty common symptom. In chronic abscess of that organ, however, the absence of rigors might not be remarkable, as it was not in chronic abscesses of other parts, such as the cellular tissue. (He narrated two cases in point.) The second feature of interest was the absence of perspiration: this absence was not common in chronic abscesses of other parts, attending which there was more or less perspiration. Thirdly, the seat and nature of the disease. He thought it was not a case of abscess in the liver. He regarded the progress of the disease as follows: that there had been chronic inflammation on the peritoneal covering of the viscus, and in consequence lymph had been thrown out. The adhesion, however, had not been universal, and there were one or two points at which matter had formed and been bounded by the lymph. His reasons for coming to this conclusion were, first, that the amount of suppuration in the liver was very small. There were abscesses below and on its surface, and only an ulcerated communication between the two in the liver. And, secondly, the comparative frequency of suppuration on the surface of the liver, compared with abscess in the liver. Aqueous cysts on the surface of that organ were not uncommon. Dr. Hastings had recorded some cases of the kind, as also had Sir B. Brodie. One or two cases had occurred in St. George's Hospital, and been published by Mr. Hawkins, who punctured the cysts. The patients afterwards perished from the occurrence of phagedenic growths on the surface of the abdomen. Another curious feature in the case was, the entire absence of the gall-bladder. The fossa in which that viscus was situated had been enlarged by ulceration. The ulceration had attacked the bladder also, and destroyed that. The opening into the cæcum in this case was not a common occurrence. As to the use of the trocar in discharging the contents of an hepatic abscess, Mr. Annesley condemned it, and the two patients who perished at St. George's, from phagedena following the proceeding, were operated upon by the trocar.

Mr. Edward Canton, in the course of some little conversation that ensued, suggested that the plan of opening abscesses in the liver, recommended by Dr. Stokes, was the least liable to be followed by mischief.

November 19.

FATAL CONVULSIONS, EFFUSION ON THE TENTORIUM, AND DISEASE OF THE SMALL INTESTINES.

Mr. Dunn related the following case:—A quick, intelligent boy, three years old, always delicate, was the subject of umbilical hernia, and had suffered occasionally from disorder of the bowels. Mr. Dunn was called to him on a Thursday, about a month ago, and he died on the Tuesday morning following. He had been poorly for a few days previously, and on the Wednesday evening his mother had given him a dose of calomel and James's powder. This acted so violently and with so much pain that Mr. Dunn was requested to see him. He found him suffering from painful diarrhœa, passing frequent bloody stools, with a quick pulse, hot skin, and other symptoms of irritative fever. He was ordered a cretaceous mixture, with aromatic confection and mucilage, and two grains of mercury with chalk, with three of Dover's powder. The purging continued, and during the afternoon he was observed to have sudden starts and jerkings of the hands and arms, and to roll his eyes about. At five o'clock, under the apprehension that he was going to have a fit, the nurse put his feet into hot water. This was no sooner done than his eyes became fixed, he threw himself suddenly backward, went into a strong convulsion, and shook violently. As soon as possible he was put into a hot bath, and in half an hour the fit subsided. Mr. Dunn saw him a few minutes after he had been placed in bed. He was low and exhausted, scarcely conscious, pulse feeble, head hot, pupils contracted,—in the bath they had been dilated. As the diarrhœa had not abated the fit was ascribed to the bowel irritation. An evaporating lotion was applied to the head. In the evening reaction came on; he was restless and feverish. About four o'clock in the morning he had another fit, and Mr. Dunn was sent for. He found him in the warm bath, quite insensible, pupils dilated, and his right arm and leg in a state of convulsive agitation. At the beginning of the fit he was noticed to struggle violently and to foam at the mouth. He had bitten his tongue, which was then bleeding. He was well rubbed with flour of mustard in the bath, but in half an hour, as there was no return of sensibility or cessation of the convulsive jerking of the arm and leg, he was put to bed. Under the conviction that the brain was now seriously implicated, at least that there existed local membranous irritation, six leeches were applied to

the left side of the head, a blister to the occiput, and mustard poultices to the soles of the feet. The jerking of the arm and leg continued without intermission for four hours, gradually for the last half-hour becoming weaker and weaker; it completely subsided at eight o'clock, leaving the arm and leg weak, but *not* paralysed. There was no return of consciousness. From this time he remained insensible; now and then, during the next two or three days, for a moment, he appeared to recognise his mother, muttered a few words of complaint about his head, and of being tired. He seemed occasionally, for a minute or two, to see objects presented to him, could be roused for as long a time by being spoken loudly to, and the sensibility of the lips to touch was not lost.

The head was now shaved, and ice kept constantly applied, as the head was hot. Four grains of the compound chalk powder with opium, with three grains of mercury and chalk, were ordered every four hours, and a scruple of strong mercurial ointment put into each armpit night and morning. He was composed and tranquil throughout the day, but had no sleep; the eyelids remained open, and the balls were constantly in motion; the head hot, face flushed; pulse quick, but weak and irritable. In the evening the purging returned, when a starch enema, with a few drops of laudanum, was administered. From this time the diarrhœa, or, rather, the dysentery, never subsided, despite the frequent administration of starch injections, chalk mixture, &c. The child screamed out violently at each purging from the bowels, and was so low and exhausted afterwards, on some occasions, that the pulse could scarcely be felt. In this state he continued until Tuesday morning, when he had again convulsive motions in the arms and legs, and gradually sank afterwards.

After-death Appearances.

The vessels upon the superficies of the brain were turgid with dark, black blood, especially about the occipital region. On raising the brain from the basis of the skull there was found on the right side, upon the upper surface of the tentorium, about two-thirds of a teaspoonful of extravasated blood, in consequence of the rupture of one of the vessels of the tentorium. It was situated between the upper surface of the tentorium and the under part of the posterior lobe of the brain. The lateral sinuses were gorged with dark, black blood. On slicing down the hemispheres the right was most injected, the bloody spots far more numerous than on the left. There was no effusion into the ventricles, but about two teaspoonfuls at the basis surrounding the spinal cord. The plexus choroides was much injected. There was no lesion of the substance of the brain observed. In Mr. Dunn's opinion the vessel in the tentorium had been faulty in its coats, and the vascular excitement arising from the bowel derangement, and aggravated by the child's feet having been plunged into hot water, led to its rupture, and occasioned the first fit. Mr. Dunn was quite aware that congestion of the vessels of the brain alone was sufficient to induce convulsions. In the second fit he believed the local membranous irritation arising from the rupture and extravasation to be the cause of the convulsive jerking of the hand and leg. On the third point he would be glad to hear the opinion of others. He considered the psycological phenomena of diseases of the brain of the last importance. Viewing the brain as the material organ of the mind, the attempt to trace a *connection* between *structural diseases* of *particular* parts, with *deranged*, *impaired*, or *obliterated manifestations* of the *mind*, he considered to be *one* which falls legitimately within the province of the medical observer; and, however it may be beset with almost insuperable difficulties, it is, nevertheless, one of vast interest and paramount importance. It was much to be regretted, he thought, that such an endeavour had not been kept more steadily in view by those eminent pathologists to whom we are so much indebted for their valuable researches into the pathology of the brain. In the abdomen many of the mesenteric glands were enlarged, and some to a very considerable degree; they were more particularly so, and red and tumefied, about the region of the ilio-cæcal valve. Internally, from this point (the ileo-cæcal valve) the mucous membrane for some distance up the ileum, was diseased and almost completely destroyed. The ulceration seemed to be confined to the mucous coat, and resembled what is commonly met with in fatal dysentery. Mr. Dunn considered the following points worthy the consideration of the society:—

1. The connection (if any) between the first fit and the existing bowel derangement.

2. The connection between the convulsive jerking of the arm and leg, in the second fit, with the local irritation arising from the rupture of the vessel and the extravasated blood.

3. The continued abolition of the mental powers after the invasion of the second fit.

A discussion followed with regard to the influence of immersing the lower part of the body in hot water for the relief of a half comatose state. Several cases were related in which this proceeding appeared to be the exciting cause of convulsions, both in children and the adult. The primary source of irritation in Mr. Dunn's case was referred to the mucous membrane of the bowels, and the subsequent chain of phenomena were explained by the lesions found after death. A case was mentioned in which leeches appeared to have caused convulsions; and an

instance was alluded to in which lancing the gums produced a complete attack of laryngismus stridulus.

Constipation for Four Weeks.—The President recollected a case of hysterical tympanitis in which constipation lasted for four weeks.

Ammoniated Citrate of Iron. — This medicine had been found of much service by several members in various cases: in a case of epilepsy in a young chlorotic girl its use was followed by complete success. It was recommended as of great service in cases of leucorrhœa in nervous women who would not bear other preparations of iron. Cases of chlorosis were referred to, in which Dr. Hamilton Roe had prescribed ten-grain doses of sulphate of iron, in the form of pills, three times a-day, with much success; and one instance was mentioned in which the dose had been augmented to a scruple. One member had, however, seen bad results follow five-grain doses of the medicine, and he found it necessary to discontinue it.

Large Doses of the Tincture of the Muriate of Iron.—A member briefly related a case in which a young girl of fifteen years of age, five months advanced in pregnancy, had swallowed an ounce of tincture of muriate of iron, in four doses, in one day, with a view of producing abortion. Considerable irritation of the whole urinary system followed, but this was soon removed by mild purgatives and diluents.

At the meeting on December 3rd, Mr. Brooke was to relate a case of variola modified by vaccination, with remarks.

Emphysema of the Lungs.—A correspondent (*A. G. R.*) writes, in relation to the discussion at this society on the 22nd ult., as follows:—Mr. Snow considered that the forcible inspiration accompanying cough caused emphysema of the lungs, the cells being ruptured by the expansion of the contained air, from part of the exterior atmospheric pressure being removed; and Dr. Bird, although not entirely coinciding with this opinion, yet considered emphysema to result from forcible inspiration. But Mr. Snow's theory, however ingenious, contradicts itself, for if in coughing the pressure is equable on every cell, and can only tend to diminish their size, so, the atmospheric pressure being removed, an equal effect must ensue over the entire lung, and therefore any want of expansion in one part will only tend to increase the size of the remainder, and, from its extension over a large surface, no injurious effects can happen. Neither can emphysema be produced by a forcible inspiration, for an obstruction in any of the tubes must diminish the impetus with which otherwise the air would enter the cells. It occurs to me to be rather the effect of *expiration*. Suppose we have two bladders filled with air, each furnished with a stop-cock, and having communication by a common tube. The cock of one being fully opened, and that of the other but partially, on applying equal pressure to each the air will rush from the one which offers no impediment, while the air in the other escaping but slowly its over-distended parietes will be ruptured. So in emphysema. Two cells (the bladders), the one communicating with a healthy the other with a contracted, or otherwise impeded bronchus, becoming distended by a forcible inspiration, the next expiratory effort expels the air from the former, while it compresses the air in the latter, over-distending and rupturing its parietes. This explanation appears to me at least to accord better with what analogy shows, namely, that all parts which are posterior to a stricture suffer from thickening and distention of their parietes, in consequence of the greater effort that is required to expel their contents.

MEDICAL SOCIETY OF LONDON.

Monday, November, 21, 1842.

DISEASE OF THE KIDNEY.—CALCULOUS DEPOSITS IN THE URINARY ORGANS.

Mr. Crisp related the following case. He was requested on the 29th of August to see the child of Mrs. H., aged two years. The boy, from his birth, had been rather delicate, but had suffered from no severe illness. During the preceding few days he had been restless, and occasionally passed his urine with great difficulty, which Mr. Crisp attributed to a congenital phymosis, the aperture not admitting even a small sound. The water continued to pass with difficulty, the child occasionally straining violently, until Sept. 5th, when Mr. C. slit up the prepuce, passed a small sound, and discovered a calculus in the membranous portion of the urethra; but as the stone was small, and the urine only partially obstructed, he determined to wait, and on the following day an irregular oblong calculus of about the size of a small pea passed from the urethra after violent straining, apparently composed of the triple phosphate with phosphate of lime. The urine was alkaline, and had the odour of rotten eggs. Twenty drops of *hydrochloric acid*, one drachm of *syrup of red poppies*, and two ounces of *water*, ordered; the fourth part twice a day. The diet to be nutritious, with lemonade, oranges, &c. This treatment was continued for some weeks, the dose of the acid being increased, and the nitric occasionally substituted, without effect on the urine, excepting the smell being less disagreeable. The child passed, at intervals, several portions of calculous matter, and once a piece weighing eight grains, soft, and like clay. The urine seldom passed in a full stream, and he, Mr. C., had often to introduce a sound to displace the calculus,

and then the urine would flow by the side of the instrument. Pulse rather quick, skin hot and dry, tongue moist and red, bowels regular, motions generally rather lighter-coloured than natural. Flesh failing, strength declining much, appetite capricious.

Oct. 17. This afternoon, while feeling the pulse, the child was seized with a convulsive fit, which lasted for some hours; the left side in constant motion, pupils dilated, breathing slow, eight in the minute, perfect insensibility. The mother had given it, shortly before the fit occurred, some boiled egg and porter. The bladder contained only a small quantity of urine. Mustard poultices to the feet; a turpentine enema; two grains and a half of calomel every four hours. He did not expect the child to survive, however.

Oct. 18., 8 a.m. Able to take nutriment. Mr. Callaway saw the child this afternoon, and suggested the following medicine, having seen the advantage, in similar cases, of giving alkalies after the use of acid medicines. *Confection of almonds* and *manna*, of each a drachm; *tincture of hyoscyamus* and *liquor potassæ*, of each twenty minims; and two ounces of water; the fourth part every six hours.

31. Symptoms somewhat improved; appetite better; urine, for the first time, slightly reddens litmus paper. Small portions of phosphate of lime have passed at intervals, and the sound has been introduced four or five times. The urine generally dribbles away, but occasionally passes by jets; the smell less disagreeable; has never been albuminous.

Nov. 10. For some days has been declining in strength; bowels much relaxed, motions white milky; urine often in a full stream (although there is still calculous deposit at the neck of the bladder) and alkaline since the day mentioned (the acid at that time was probably produced by something left in the cup). Emaciation extreme, although the appetite is better than since the commencement of the attack; tongue red and moist; pulse quick. Thick purulent matter occasionally passes from the urethra. Died on the 20th, at 8 a.m., apparently from exhaustion. No medicine for the last three weeks, excepting a little carminative mixture for the diarrhœa. Opiate suppositories were also used, but not long retained.

The body was examined twenty-four hours after death:—Excessively emaciated. Two ounces of bloody serum escaped from the calvarium; the brain rather soft, but otherwise healthy. Heart normal; pleuritic adhesions on the right side of the chest; lower part of left lung hepatised, but not from recent inflammation; other parts of lungs sound. Liver healthy; gall-bladder distended with bile. Stomach and intestines normal, excepting at ecchymosed spots on the mucous lining of the latter. Mesenteric glands normal. The kidneys, ureters, and bladder, were now carefully removed. The left kidney natural, weighed two ounces; the ureter rather dilated. The right kidney weighed six drachms. On cutting into it, a large quantity of sero-purulent matter escaped from the calyces, pelvis, and ureter; the former very large, and of a sacculated appearance. Small portions of calculous matter were seen in the tubuli uriniferi. Ureter distended, being three-quarters of an inch in diameter; coats of bladder much thickened, with small quantities of calcareous deposit in the cavity; at the neck was a pouch containing an oblong soft calculus, about the size of a large nut. The prostate appeared to have been absorbed. The bladder contained about an ounce of urine. No tubercular deposit in the glands of bronchi or mesentery. The points of interest, Mr. Crisp thought, in this case were the following:—

First. Was the defect originally in the blood, or in the secreting organ, *one* kidney only being affected, and in that one the *calcareous matter only seen?*

Secondly. The unsatisfactory result of the treatment. Were any remedial means likely to be of service?

Thirdly. The increase of appetite towards the termination of the case.

Mr. Proctor: Was the circulation much accelerated? I attribute the great emaciation in kidney diseases to such acceleration.

Dr. Risdon Bennett: I believe that in similar cases the original defect is in the blood, and the constitution more or less allied to that of scrofula.

Dr. Golding Bird: All calculous deposits in children are the result of a depressed condition of the spinal marrow, or from a strumous habit, or some other cause affecting the entire system, the kidneys becoming only secondarily affected. Therefore, all treatment intended to alter the chemical character of the urine would be useless. The main indications in these cases are to improve the general health by farinaceous diet, attention to the function of the skin, the wearing of flannel next the skin, occasional friction on the surface, with the warm-bath, and attention to the bowels. These might be followed by iron tonics.

Dr. R. Bennett: The change of diet might not be always for the better, as, for instance, in children at the breast. Acids might be tried to see if they would improve the general health altogether, without reference to their effect on the urine.

Mr. Proctor suggested unirritating alterative doses of mercury in these cases.

A new preparation of iron was exhibited, consisting of a solution of pure citrate in combination with carbonic acid, water, and syrup.

The more soluble the preparations of *copper*, the more deadly they are.—*Christison.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Nov. 22, 1842.

Dr. WILLIAMS, President.

AMPUTATION OF THE THIGH, DURING AN ALLEGED MESMERIC STATE, PROFESSEDLY WITHOUT THE SENSATION OF THE PATIENT.

THIS paper was divided into two parts, the first written by Mr. W. TOPHAM, a barrister, of the Middle Temple, London; the second by Mr. W. SQUIRE WARD, M.R.C.S., formerly house-surgeon to St. Bartholomew's Hospital. The case has since been published by Mr. Baillière, of Regent-street.

Part 1.—Mr. Topham apologises for intruding his name upon the public, in connection with a subject so foreign to the vocation of a barrister.

The phenomena of mesmerism, he adds, were, two years ago, first examined by him as curious, and afterwards studied as facts, having since made numerous experiments with "extraordinary results." In stating the case, he says he shall confine himself to such facts as he can personally vouch for. He then contributes his share of the communication in the following terms:—

James Wombell, aged 42, a labouring man, of calm temperament, had suffered for five years from a painful affection of the left knee. On June 21st, 1842, he was admitted into the District Hospital, at Wellow, near Ollerton, Notts, no longer able to work, and suffering much pain. Amputation above the knee-joint was inevitable, and it was proposed that it should be performed during mesmeric sleep. On the 9th of September Mr. Topham first saw him; he was sitting on a bed in the hospital, the only position he could bear; he complained of great pain from his knee, &c.; had not during three weeks slept more than two hours in seventy. Mr. Topham now began to mesmerise him. On the second attempt, next day, in twenty minutes, he was asleep. He continued to mesmerise him until Sept. 24, his susceptibility gradually increasing, so that on the 23rd the sleep was produced in four minutes and a half. He was invariably awakened, though without being startled, by the violent pain from his knee, which suddenly recurred at uncertain intervals. The labours of Mr. Topham not only, he says, produced sleep, but when he was suffering great agony, and distressed even to tears, passes, longitudinally over the diseased knee, in five minutes produced comparative ease. In the sleep his arms were violently pinched, as well as the diseased leg itself, without his exhibiting any sensation, yet this limb was so sensitive in his natural state, that he could not bear even the lightest covering to rest upon it. (We give Mr. Topham's own words):—

After mesmerising him for twelve days the hue of health returned; he became stronger, slept well, and recovered his appetite. On Sept. 22nd he was first apprised of an amputation being necssary. The communication affected him considerably.

On the 28th he was looking healthy and cheerful; his sleep sound, his pain diminished, and (says Mr. T.) I was convinced that the operation might be safely attempted during mesmeric sleep. On Saturday, Oct. 1st, I mesmerised him in the presence of Mr. William Squire Ward, and two other surgeons. He slept an hour; I then showed them my power of affecting his limbs, even when awake. At my request he extended his arms, and by three passes over each I transfixed them from the shoulders to the fingers, as rigid as bars of iron, and yet instantly dropping from the effect of my breath alone; and relief from immediate pain was frequently afforded by similar passes over the leg, but it was only during mesmeric sleep that I found it totally gone. We then made the necessary arrangements. From the suffering inflicted by the slightest movement it was found impossible, without needless torture, to place him upon a table. The low bed on which he lay was therefore lifted upon a temporary platform. Ten minutes after being mesmerised he was drawn, by means of the bed-clothes beneath him, towards the end of the bed. To preclude further movement his leg was now placed in the most convenient position which he could bear. In a quarter of an hour Mr. Ward, after one earnest look at the man, slowly plunged his knife into the centre of the outer side of the thigh, directly to the bone, and then made a clean incision round the bone, to the opposite point, on the inside of the thigh. The stillness was awful; the calm respiration of the sleeping man alone was heard. Soon after the second incision a moaning was heard from the patient, which continued at intervals until the conclusion. But his sleep continued profound; the placid look of his countenance never changed; his whole frame rested in perfect stillness; not a muscle or nerve was seen to twitch. The operation occupied upwards of twenty minutes. His pulse becoming low from the loss of blood, some brandy and water was poured into his throat, which he swallowed unconsciously. Finally, when about to be removed, his pulse being still very low, some sal volatile and water were administered to him: it proved too pungent, and he gradually awoke. For some moments he seemed bewildered, but after looking around exclaimed, "I bless the Lord to find it's all over!" I asked him to describe all he knew after he was mesmerised. His reply was, "I never knew anything more, and never felt any pain at all: I once felt as if I

heard a kind of crunching." I asked if that were painful? He replied, "No pain at all! I never had any, and knew nothing, till I was awakened by that strong stuff" (the sal volatile). The "crunching," no doubt, was the sawing his own thigh-bone. He was left easy and comfortable. On the Monday following the first dressing of his wound was in mesmeric sleep. Of this dressing, usually accompanied by much smarting, he felt nothing; and, after awakening, remained unconscious of its having been done. Mr. Ward's own statement he has permitted to be appended to my own, which I leave without a comment.

Part 2.—Mr. Ward's address to the "President and Gentlemen," runs as follows. We do not give his statements verbatim, but as much of them as is essential to their full comprehension.

The circumstances of the operation, he says, are so novel, that they may afford much ground for calm discussion without prejudice. The subject (should further experience confirm the anticipations that may reasonably be entertained from the result of the present trial) holds out a great boon to the surgeon. The case was one of very extensive ulceration of the cartilages of the knee-joint, of four and a half years standing, the consequence of neglected inflammation of the synovial membrane, produced by injury, which was treated by a quack in the first instance, and came under my own notice three years before his admission into the hospital at Wellow, when, supposing ulceration to have commenced in the cartilages, I ordered absolute rest and the usual treatment, which was only adhered to for ten days, when he would return to his agricultural labour.

When he at last applied for admission into the hospital the disease had far advanced; the slightest motion of the joint was attended by the most excruciating agony; his nights were sleepless; his pulse weak and rapid; his appetite gone, &c. He was now confined to his bed, but could not bear a horizontal position. Opiates, quinine, wine, &c., prescribed to fit him for the operation (which I deemed inevitable) were given without any apparent benefit; but, on hearing that Mr. Topham was coming into the neighbourhood, I determined to request him to try mesmerism upon him, to tranquillise the system prior to the operation, and if possible to procure insensibility to the pain of it, as the "summum bonum" of mesmerism. On the 27th of September, three weeks after the commencement of the mesmerism, I was, on returning home after an absence, astonished to observe the improved condition of the man; his nights tranquil, his appetite returned; in fact, had I not known the case previously, I must have doubted the propriety of immediate amputation. True, there was still the pain on the slightest movement of the joint, and still some of the same painful startings at night, but his general health was greatly improved; yet there was too much disease to admit of a final recovery.

On the 29th I requested Mr. Topham to mesmerise him. His susceptibility was great. When asleep (if I may use the term) his breathing was unaltered; his pulse tranquil, and about 80; his waking gradual; and he was insensible to the prick of a pin; and at his own urgent request I fixed Saturday, Oct. 1st, for the operation.

The patient, though considerably excited by the cries of another patient, was soon put into mesmeric sleep. I was by no means sanguine of success. Having adjusted the tourniquet (his very unfavourable position precluding otherwise compressing the artery), I made the anterior flap, without the slightest expression of consciousness by the patient, completing the posterior one in three stages. First, by dividing a portion of the flap on the inside, then a similar portion on the outside. This proceeding (far more tedious and painful than the ordinary one) was rendered necessa[ry] the knife through[out] complete the [operation] ciently depre[ssed] the two late[ral] or rapid ac[tion] was less th[an] contractio[n] or three [minutes] the sciat[ic] the low m[uscles] and which [caused] of a disturb[ance] eat his dinn[er] tion; not one [drop]

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sufficiently encouraging to demand immediate repetition by my professional brethren in the splendid institutions of the metropolis?

The PRESIDENT, in proposing that the thanks of the society should be voted to the author of the "interesting paper" just read, thought that it would be advisable to discuss the subject with reference to the *cause* of the alleged insensibility. Some eminent medical men believed in mesmerism, and had made great sacrifices to maintain their opinions.

Mr. COULSON regretted that the council had allowed this paper to be brought under consideration, as the only point of professional interest in it was the non-expression of pain during an operation. He had no doubt that the patient could control his feelings, from previous mental discipline. What surgeon had not witnessed similar instances in persons who had not been previously disciplined? He would rather believe that the authors of the paper were deceived than that the man felt no pain.

Dr. MOORE noticed an important omission in the communication, namely, an affidavit taken before the Lord Mayor to the truth of such a veracious document. (Laughter.)

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Mr. BLAKE: Even if the operation was borne without expressing pain, the circumstances was not very remarkable. Ann Ross submitted, at University College Hospital, when the question of mesmerism prevailed there, to the removal of a double tooth during a feigned mesmeric trance, without the slightest expression of feeling. She was, however, palpably discovered to be an impostor, and then acknowledged that her apparent insensibility was the result of determination. In that case no evidence was manifested whatever that the girl felt the operation.

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Dr. MARSHALL HALL observed, that the case just adduced to prove the influence of mesmerism in obliterating sensibility, proved too much. It was said that, whilst one limb was undergoing amputation, the other remained perfectly motionless. Now, unless man differs from all other animals, this could not be. Even when the head, which comprises the organ of sensation, was removed, the laceration, incision, or puncture of one limb induced muscular actions in the other. Was the source of these movements, as well as sensation, annihilated? Certainly not; for the patient breathed perfectly, swallowed brandy and water, and was choked by sal volatile. The man was not a physiologist. Instead of holding the amputated limb still, he ought to have enacted the reflex motions. It was stated that the quivering of the divided muscles was less than usual. Was, then, the *vis musculosa*, as well as the sensibility, suspended? In a word, the case proved too much, or, rather, flatly contradicted itself. What said the patient? Why, that he *heard* the sawing of the thigh-*bone*, which is unendowed with sensibility; but he was insensible to the contusion of the sciatic *nerve*, whose sensibility was extreme! What physiologist could believe such an absurdity? Besides, this great defect existed in the case. There was one organ that was very different (in its relations to sensation and volition) from the muscles of the limbs. Could the man keep his heart quiet, as he did the muscles of his face and leg? Why were not the action of the heart, the number of the pulse, carefully noted? We should then have had positive proof of the supposed loss of consciousness, in the actual absence of all emotion,—the testimony of the heart showing whether it corroborated that of his head. In any future experiment of the kind let that test be applied. All mere physical lesions, acting through the medium of the ganglionic system, lowered the number and force of the beats of the heart, and the pulse, under the influence of the operation, and unaffected by emotion, would become slower. All emotion, under such circumstances, short of faintishness, which would be obvious, quickened the action of that organ. Increased frequency of the pulse would therefore detect the imposture.

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On dissection of the joint the cartilages of the tibia, femur, and patella proved to have been entirely absorbed, excepting a much-thinned layer, partly covering the patella. There was deep, carious ulceration of the exposed ends of the bones, and especially on the inner condyle of the femur, which had wholly lost its rounded shape. Some coagulated lymph was effused upon the surface of the synovial membrane in several places, and the joint contained a certain quantity of dark-coloured pus. I do not stand forward as the champion of mesmerism generally. For a long time I had been a sceptic, when Dr. Elliotson, a few months ago, allowed me an opportunity of examining the power of that agent in producing coma, in rendering rigid the muscles, and in causing, to a certain extent, insensibility to pain. I saw and was convinced that my opposition was ill-founded, and there can be very few now, even of the most bigoted objectors, who will venture to deny its powers in producing coma.

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held still by volition, and then would appeal to the gentlemen who were present at the operation whether it were so.

Dr. HALL remarked, that the patient's having determined not to move either feature or limb did not imply that the muscles should be kept in a state of rigid contraction. That would betray itself. No; all that was required was to keep them motionless,—free from the expression of pain, the precise object of the patient.

Sir B. BRODIE: Mr. Ward's case forms a companion to one which occurred about a century since, and was recorded in the "Philosophical Transactions." A man somewhere near Bath fell asleep in the spring, and did not awake until August, and then believed that he had slept only one night. During this alleged sleep he was cupped, scarified, and blistered, without yielding the slightest evidence of sensation. It was curious how he lived during that period, but it appeared from the narrative that some bread and cheese were regularly placed beside his bed every day, and were gone on the return of the family to his room. He appeared never to have defecated during the entire time; at least when he did so, he left his bed for the purpose at times when his friends were ignorant of it. He believed, with Dr. Hall, that Mr. Ward's case proved too much, if it were asserted that the sound limb was insensible and motionless during the operation on the diseased member; such a circumstance, as had been shown by Dr. Hall, was not consistent with the physiology of the nervous system. As for natural insensibility to pain, he had seen many examples of it. In one instance a young girl of fifteen joked and laughed during the amputation of her leg, and appeared to suffer no pain whatever. A friend of his (Sir Benjamin's), a surgeon, and fellow of that society, unfortunately had strangulated hernia. During the greater portion of the operation for its relief, he looked on with the indifference of a bystander, and asked questions respecting the steps of the proceeding. He showed no sign of pain until one of the lumbar nerves was touched at the upper part of the incision. He knew a gentleman who had never felt pain. The late Sir Thomas Hardy, though often wounded, never felt anything like pain. But in Mr. Ward's case, even the low moaning led to the inference that the man did suffer. He was not, however, under the ordinary condition of the human system. He was worn down by pain and disease, and had become like a hysterical girl, and might have been (as hysterical girls occasionally were) in a state of insensibility for a time. Hysteria occurred in men as well as women. The report of the French commission satisfied him as to the real nature of mesmerism.

Mr. LISTON inquired if the interesting patient had advanced in his education since the operation, and was likely to read the report of this evening's proceedings with the nape of his neck, or could yet spell with the skin of his belly?

Mr. B. COOPER: Some of the professors of mesmerism should address the society, the talk being apparently all on one side.

Dr. MAYO: The subject should not be treated with ridicule. Our knowledge of the mind is so vague and uncertain that we must expect to be startled by any discovery regarding it. When any "fact" is adduced for discussion it is right to inquire calmly into its merits, and not, because it is startling, to altogether reject it. It is highly improbable that the patient in this case was hysterical; and I cannot believe that Elizabeth Okey was pretending to be insensible, or that her insensibility was the result of determination, for on one occasion I pricked her severely with a pin, when her back was turned, and she appeared to possess no sense of the fact.

Mr. SYME said that no *hypothesis* had been entertained by the gentlemen who brought the case before the society. It was a simple question of *fact*. The case mentioned by Sir B. Brodie, as having been published in the "Philosophical Transactions," was strictly in point. The man had, doubtless, a double consciousness, and did not know in one state what occurred in the other. He (Mr. Syme) had seen many such cases in connection with mesmerism. It was not denied that in some morbid states, such as paraplegia, there was a loss of sensation in some part of the body. Why should not this state of insensibility be produced by artificial means? He had seen many cases in which patients could read from a book while their eyes were completely covered.

Dr. TRUMAN believed that Mr. Ward's patient was prepared for the occasion, and designed to be a "great card" among the mesmerists, who went to the operation expecting that the man would not evince pain.

Dr. BURROWS was not satisfied with the evidence of insensibility. He, too, thought, with Dr. Hall, that the case proved too much; for the confession that the man *heard* the crushing of the *bone*, but did not *feel* it, proved that he was conscious.

Mr. WOOD: How can you prove facts excepting by observations?

Mr. ARNOTT: It was asserted that the patient showed no sensation; but we observed the same phenomenon occasionally in injuries and at operations. Look at the insensibility of coma, and that following a large dose of opium. He recollected a lady who was bled to fifty ounces before an operation, in order to induce insensibility, and the operation was performed during that condition, but he could not be persuaded that mesmerism would produce a similar effect.

A Visitor (not a medical man) related the case of one of his female servants who underwent a formidable operation on the lower jaw during a "mesmeric trance." He himself was fully satisfied of mesmerism and of the insensibility of the woman.

Dr. Elliotson said, that the statement of Sir B. Brodie, that some persons did not feel pain, had no weight in the present instance; for here the poor patient was worn down by the agony of a formidable disease of the knee-joint. *He* was but two well acquainted with pain. The case of the man who was free from pain during an operation, until the operator touched a nerve, bore no analogy to Mr. Ward's case; for in the latter case the sciatic nerve was touched without pain, or its manifestation. Some phenomena observed in the case could not have been the result of imagination. The tranquil sleep which followed the mesmeric process, previously to which the man had slept only four hours in seventy, was no result of imagination; neither was the recovery of his appetite the result of his will. No, they were both the effects of mesmerism, and such as he (Dr. Elliotson) had repeatedly observed from the same cause. It was said that there was nothing wonderful in the occurrence of insensibility as the result of disease, such as paralysis. So, during the paroxysm of epilepsy there was no sensibility, but, the paroxysm over, sensibility returned in a moment. The question was, whether we could induce a condition of insensibility by mesmerism. The mesmerists asserted boldly and determinately that they could; to those who disbelieved that assertion he said, try it; the book of nature is before you, make experiments, observe for yourselves. Cases in which occasional insensibility occurred were not uncommon. A number of The Lancet, published in 1830, contained a report of a case of anæsthæsia, at the Edinburgh Infirmary, under Dr. Duncan, in which no pain was felt during the paroxysms, and some cruel experiments were performed to try if pain could be produced, but without effect. These effects on consciousness and sensation could be produced by mesmerism, and not all the ridicule that could be directed against him would ever induce him to deviate from a path which he believed was one of truth. Cases poured in upon him daily, proving the truth of mesmerism. He had lately received a report from a highly respectable dentist at Southampton, who had extracted teeth from various persons, in all ranks of life, without any pain to them, during the mesmeric sleep. He had received an account from Sheffield of an operation, performed during mesmeric sleep, for the removal of several small tumours, during which there was no pain. The question of seeing with the back and belly was not before the society. He did not feel satisfied, as did Sir B Brodie, with the reports of the French commissions.

Dr. Williams, in adjourning the society, and with reference to the remarks that the council ought not to have received the case for public perusal, observed, that the great interest exhibited in the evening's proceedings, as manifested in the overflowing attendance, proved that the council did right in not rejecting the communication. No better place than that society could be found for testing the truth or incorrectness of the assertions made in relating of the operation.

*** We want to receive a tolerably minute description of the three persons who were engaged in the above mesmerising process, namely, the lawyer-reporter, the operator, and the patient. Can any correspondent residing in the neighbourhood of the residence of either party furnish us with the desired particulars?

SOLEMN FACT!

Gentlemen, of the two cases which have terminated fatally since our last clinical meeting here, the first is that of Clara Forster, aged 68, admitted with anasarca of the legs, which extended up to the knees, &c. In treatment, little could be done. She had reached, as I have mentioned, the age of nearly three-score years and ten—a length of life not granted unto all, and which is, as it were, the great foredoomed limit to humanity. Hers, then, may be considered rather a *common* mode of corporeal decay, and dilapidation of the whole frame, than as a case of disease. *You will continually meet with similar instances of the earthly tenement wearing away.*" — *Dr. Watson, Middlesex Hospital*, Oct. 29.

Dr. Watson is really a comical gentleman, and would soon have been the death of Mr. Mathews, had he often lectured to that very excitable gentleman as a pupil at the Middlesex Hospital. On the 5th inst. he began very seriously,—

"Gentlemen,—There have been twenty-four patients admitted since our last meeting here, twelve males and twelve females. The new cases presented classify themselves. One of them illustrates *very well* the remark I made in a former lecture, that in our examination of patients we must not depend on *the relation given by themselves*, but must mainly rely on our own observation. I allude to the case of Mary Ryan, an Irishwoman, from whose verbal statement *nothing whatever could be learned.*"

When a man cannot speak, never mind what he says. Gentlemen, when the dumb talk out loud, take heed that they speak no lies. *Verbum sap.* Be on your guard. Fresh and green as you are, you require the warning voice of age and experience. *Remember*, that dead men tell no tales.

THE LANCET.

London, Saturday, December 3, 1842.

An efficient and well-organised system of police must be constantly operating to the advantage of all the members of every well-regulated society. Yet it is an extraordinary fact that no subject appears to be less understood, or to engage a smaller portion of the attention of the community. Every person appears to believe that the police is perfect if detection speedily *follows* the commission of crime; whereas, in an institution for the protection of life and property, the leading object should be to *prevent* criminality altogether. Of course this cannot be effectually accomplished; but the system is made as nearly perfect as possible when carried as far in that direction as can be reached. Every one who reflects on the ancient practice of the Coroner's court, and the provisions of the 4th of Edward I., must see that the one was conducted, and the other framed, upon the *preventive* principle,—the true, the sound, the rational guide in all laws and institutions that are designed and founded for the preservation of life and property.

In direct contrast with that principle stands the language of Lord Ellenborough, as it is found recorded in East, in the case of "The King *versus* the Justices of Kent." We have, on two or three occasions, lately, referred to that report, and promised last week to introduce it into our columns at an early opportunity. Here, therefore, it is:—

"THE KING against THE JUSTICES OF KENT.

"1809, May 13th.—A mandamus to the Justices in session to allow an item of charge in the Coroner's accounts, refused; because the Justices were of opinion, under the circumstances, that there was no ground to suppose that the deceased had died any other than a natural, though a sudden, death, and therefore that the inquisition had not been duly taken; and this Court, seeing no reason for interfering with that judgment.

"Garrow moved for a mandamus to the defendants to allow an item (which they had rejected) in the Coroner's account, for his fee on an inquisition taken by him on the body of John Sutton. This application was made on affidavit of Mr. De Lasaux, Coroner of the county of Kent, stating that in December last he was sent for by the parish officers of Wye, in that county, to take an inquest on view of the body of T. Austen, supposed to have been killed by the kick of a horse. That he went there and took the inquest, and on his arrival at the inn where the jury were assembled, several of them informed him that there was another inquest for him to take, as one John Sutton, who had lately come from Surrey to reside at Wye, had, just before the Coroner's arrival, died suddenly in a shop in the town, while he was purchasing some furniture. That in consequence of this information, after the inquest on Austen was taken, the Coroner re-swore the jury to inquire into the cause of Sutton's death, in pursuance of the statute 4 Edward I. st. 2, directing the Coroner to go to the place where a person is slain or suddenly dead. That it appeared in evidence before the Coroner that Sutton went into Mr. Howard's shop, apparently in very good health; that he complained of a pain in his hip, sat down in a chair in the shop and suddenly died. In consequence of which evidence, and that of the surgeon who was immediately sent for to attend him, and who endeavoured to restore him, but without effect, the jury returned a verdict of 'Died by the visitation of God.' That on carrying in his bill to the last Easter sessions, pursuant to the statute 25 George II. c. 29, the Coroner charged the county £1 for the last-mentioned inquisition, when the magistrates disallowed the charge, being of opinion that the inquisition had been improperly taken. The mandamus was now pressed for on the ground that the item ought to have been allowed; the death having been, in fact, sudden, and the Coroner having been called upon by respectable inhabitants of the place to execute his office before he had interfered; and the refusal of the magistrates to allow it being felt by the Coroner as an imputation of improper practice on his part.

"The Court, however, exculpated the Coroner from the imputation of any intentional improper practice in the particular instance, as the taking of the inquisition seemed to have been suggested to him by others. Though Lord Ellenborough, Chief-Justice, observed, that there were many instances of Coroners having exercised their office in the most vexatious and oppressive manner, by obtruding themselves into private families, to their great annoyance and discomfort, without any pretence of the deceased having died otherwise than a natural death, which was highly illegal. But the Court still thought that there was no sufficient ground for the present application; for the statute had directed that the fees should be

allowed to the Coroner for all inquisitions duly taken; and the Justices were to judge whether the inquisition in question had been duly taken; and there was no reason for imputing to them that they had exercised their judgment with any undue bias, and the Court did not see any occasion to interfere with that judgment in this instance.

"Rule refused."

If the magistrates are to determine, in the first instance, whether an inquest has been *duly* taken, and are to allow, or to withhold, accordingly, payment of the fees and expenses attendant thereon, the Court of King's Bench was right, probably, in not giving to the Coroner redress in the above case. The inquest was held precipitately; the jury had not been summoned according to law; time was not allowed for previous inquiry; and the palpable irregularity of the proceeding could not fail to deprive the Coroner of his remedy at law when the case found its way into the Court of King's Bench. But will any sane person contend, any lawyer assert, any judge decide, that a sudden death, such as the one that is above reported, was not a case for an inquest? Thirty-three years have now elapsed since the motion for a mandamus was made in the above case,—that since the language thus reported was uttered by the judge; but has any judge, from that time to the present, pronounced, or has any body of magistrates declared, that such instances of sudden death are not fitting events for judicial investigation? Society would soon be in arms if such a state of things were proclaimed to be the law.

We repeat, that the irregularities of which the Coroner was guilty in this case were the means of depriving him of redress, but we affirm, at the same time, that the common law, as well as the statute of EDWARD, demanded and directed that the Coroner should hold an inquest on the body. The language of the Act of Parliament is plain, distinct, precise. It directs the Coroner, upon receiving sufficient information, to "go to the place where *any* be slain, or suddenly dead." Does the Act speak of 'suspicious" circumstances? Does it refer to the possibility of there being *guilty parties?* Or to the probability, or even to the certainty, of the death being *natural?* No such thing; and, in this respect, sudden deaths, and cases of persons found dead or slain, are all placed in precisely the same category. If a drunken man, in the presence of fifty persons, fall in the street, and be crushed to pieces by the wheels of a wagon, evidently, to every spectator, without the slightest blame being imputable to the driver, then, because there exists not the shadow of a "suspicion of criminality," of blame, or of censure, is there to be no inquest on the body? Who shall maintain such a doctrine? It is the *vile death* that demands an inquiry, and none ought to be bold enough to contend that the act of killing the person was blameless, until *the law itself* has become fulfilled and satisfied through the officers who are appointed to administer it. Probably, in nine-tenths of the cases of accidental death the only parties really blameable are the unfortunate individuals who have lost their lives; but how are such facts to be correctly and authoritatively established, excepting by depositions taken under the authority of an oath? In reality, the enforcement of inquests in all cases of violent death,—depriving, by the Act, the Coroner of all discretionary power in such cases, and not, therefore, allowing him to be bribed, wheedled, or seduced from the discharge of his duty,—constitutes the chief merit of the Act of EDWARD, and affords to the public the strongest possible guarantee against calamities which might otherwise be the continuous results of *carelessness* and *recklessness* on the part of servants and other persons. Were not this the law, the bedridden might be neglected, and the aged, and children, burned with impunity, the "respectability" of the relatives always being pleaded as a just ground for the absence of "suspicious" circumstances. If it were the practice not to hold inquests in cases of "sudden" death, because there was no reason to apprehend any criminal proceeding, the consequences would be more frightful, infinitely more dangerous, than

those which would arise from making a *selection* of cases in instances of violent or accidental death. In the last-mentioned class of catastrophes it would generally happen that the cause of death would be known, and the nature of the injuries would supply a certain amount of *ocular proof* which must be satisfactory, or more or less convincing, to the judgment of every spectator and attendant; but in the vast majority of sudden deaths the cause of the calamity is altogether hidden, entirely obscured from view.

We would ask, then, is the statute of EDWARD, or the dictum of Lord ELLENBOROUGH to be obeyed? If the words of the Act were of doubtful meaning, we should yield, from a sense of duty, to the interpretation which the judge had put upon them. The language of the statute is, however, so plain, that there cannot be two opinions as to the mandate which it conveys. It says, "Go to the "place where *any* be *suddenly* dead, and "inquire." The learned JUDGE, said, "Instances have occurred of Coroners "having exercised their office in the most "vexatious and oppressive manner, by "obtruding themselves into private families, "to their great annoyance and discomfort, "without any pretence of the deceased "having died otherwise than a natural "death, which was highly illegal." But with reference to this language we can only observe, that if Coroners abuse the law they ought to be severely punished, because their office requires, for the due performance of its duties, a very correct judgment, and a delicate sense of right and wrong. But what is the import of that most silly expression, "Coroners *obtruding* themselves into private families?" Does it mean that if there be a sudden death in a public place an inquest is to be instituted, but that if the death have happened in a private family there is to be none? This view is too nonsensical to be comprehensible. Intelligence is not to be extracted or plucked from such judicial jargon. Lord ELLENBOROUGH, like the wicked inventor of the brazen bull, might have been the first victim of his unwise and monstrous decision. The learned lord was the head of a "private family." Some footman of his lordship, hating and detesting the conduct of the learned Judge on the trial of COCHRANE, or on that of WILLIAM HONE, might have insinuated poison into his lordship's soup, his gruel, or his coffee, producing apparent spasms of the stomach, or the heart, or an ordinary fit of apoplexy. Within two hours after swallowing the drug the noble lord may ceased to live. Where would have been the ground of "suspicion" regarding the death in this case? There could have been none. Nineteen-twentieths of all the poisons leave no mark or sign of the dreadful work that has been going on internally, on the external surface of the body. But then the death has happened in a "private family," where Coroners *must not obtrude* unless there be a tolerably well-founded "suspicion" that a murder has been committed! The learned Judge ought to remember that the highest crimes are not confined to the lowest stations of society, and that, possibly, the temptations to take away life are as great in instances of wealth as in those of poverty. Possibly, the majority belongs to the former class.

In short, a careful examination of the statute of EDWARD enforces upon us the belief that the rule of law to hold inquests in all cases of sudden death, constitutes its greatest value, and affords the strongest possible protection to the public.

DISCOVERY OF THE PHYSIOLOGY OF THE SPLEEN.

WE understand that Mr. ROBERT STEVENS, of Kennington, is considered to have discovered, by means of the microscope, the physiology of the spleen, so long disputed. The details and results of his experiments are at present before the Royal Society. We are not acquainted with them minutely, but believe that the facts at which he has arrived may be comprehended by a very brief exposition.

The circulation in the spleen of a live mouse may be easily shown, for the organ in that animal is fissured, and often divided,

The blood corpuscules undergo no detention in it, and there is no intervening nondescript parenchyma between the capillaries of the organ. The blood undergoes no change in the spleen. In a dog which has been opened alive the contrast in colour between the splenic vein and the superior mesenteric will be plainly seen. The organ takes its name from *splen*, *splendeo*; and its vulgar name, "melt," from *miltus*, vermillion. It is only some time after death that the spleen acquires its deep-blue tint. But, Mr. Stevens, it is said, has proved, by direct experiment, that the addition of the splenic blood is necessary in the portal circulation; or, in other words, that an addition of arterial blood is necessary in the portal circulation; for such the blood really is. Now, were the arterial blood added direct, we should have the unprecedented instance of *an arterio-venous anastomosis*, which is contrary to the laws of general anatomy. The spleen is simply the necessary interposition of capillaries betwixt the splenic artery (which is the largest of the cæliac axis) and the venous portal circulation. Such is the theory of Mr. Stevens.

At the same time we may take the opportunity of mentioning that this gentleman has also apparently proved, by microscopic analogy, that the placenta is merely the interposition of capillaries (double and deciduous), rendered necessary, as it is presumed, between the uterine arteries and the umbilical vein, and between the umbilical arteries and the uterine veins, and that the placenta is nothing else. For were it otherwise, we should here also have an unprecedented instance of *arterio-venous anastomosis*; that is, if capillaries were not interposed between the uterine arteries and the receiving or venous side of the fœtal heart. The physiological law is thus demonstrated, that no communication occurs between arteries and veins, but by the intervention of capillaries.

At present we give these particulars from hearsay, trusting that either Mr. Stevens himself, or the Council of the Royal Society, will not long refrain from a full authentication of a report respecting physiological facts which possess so high a interest.

The manner in which the author is stated to have worked out his experiments regarding the placenta tends to render the above allegations matters of positive demonstration. In the course of his exposition Mr. Stevens thinks he has shown the sheep-graziers how to fatten sheep at half the usual expense and time, by extirpating the spleen, and increasing the peripheral circulation. But the humane public, we are sure, would sooner be content with partially fattened mutton than stimulate the farmer to make this sacrifice to greasy appetites.

No announcement of the inquiries of Mr. Stevens has yet been made public, excepting that which we now give, on report. This, we suppose, is in obedience to some regulation of the society under whose patronage the presumed discoveries have been placed. If his theory be true, one fact inevitably follows, namely, that fat is disease; for if fat be a consequence of maiming the body, it must also be the result of an imperfect or undue performance of some function when the body has *not* been maimed.

A PROBLEM IN MEDICINE.

GIVEN, the following prescriptions, to determine what was the diagnosis of the physician, and what morbid appearances should have been detected at the death:—

"BLENHEIM-STREET FREE DISPENSARY
"AND INFIRMARY,
"1, Blenheim-street, Oxford-street.
"Dr. Hastings, Physician.
"A. Elphinstone, admitted Oct. 8th, 1842.

"*** You are to attend every Tuesday, Thursday, and Saturday, at twelve o'clock, and bring a large and small bottle, and a cup or gallipot. Patients are requested to keep this prescription paper clean, and, when no longer required, to return it to the dispenser." (A very discreet request.)

"R. *Ant. pot. tart.*, gr. ii; *aq.* ℥iss. Cap. coch. min. j ter in die.—"App. emp. calefacient, ad sterno.

"Oct. 11. Rep. gutt. Add. *tinct. digit.*, ℥ss.—R. *Pil. aper.*, ij, o. n.

"Oct. 15. Rep. gutt., ℥j.

"18. R. *Acid. sulph. dil.*, gutt. xx; *infus. gent. comp.*, ℥ss. Cap. coch. larg. ij, bis terve in die.

"20. Rep. mistur.; rep. pil.

"25. Cont.

"27. *Pil. pectoralis*, xii; ij nocte maneque.

"29. *Pot. iodid.* ℥ss; *aq.* ℥j. Cap. coch. min. j, ter in die.

"Nov. 8. R. *Pot. iodid.*, ℥j; *tinct. dig.*, ℥j; *aq.*, ℥j. Capt. coch. min. i, ter in die.—*Pulv. cathart.*, gr. xv., stat. sd."

*** Post dies septem, fiat solutio.

ERRORS IN SOME RECENT PHARMACEUTIC STATEMENTS.

To the Editor of THE LANCET.

SIR,—The remark which you have frequently made that the next great advance of the science of medicine must be obtained through the aid of chemistry, appears to me to imply that both a knowledge of the chemical processes that take place in the body, and an accurate acquaintance with the agents employed for the treatment of disease, should be universal in the profession. If there be uncertainty as to the chemical nature of remedies, how can the prescriber hope to obtain definite results? Chemistry

would be still in a low state if experimenters had been content to remain ignorant of the tests with which they detected the composition of bodies. No one who glances even slightly over medical periodical literature will regard these remarks as out of place, considering that every day new remedies are pressed upon the notice of practitioners, the chemical composition of which neither proposers nor prescribers know.

I am extremely reluctant to become a public censor, but if the editors of journals professing to be chemical and pharmaceutical neglect their duty in this respect, it must devolve on private individuals to point out errors which they have permitted to go uncorrected. In the first place I would refer to a paper, by Mr. Tyson, in the "Pharmaceutical Journal" for May, 1842, on the preparation of iron, reprinted in your Journal, in the "Medico Chirurgical Review," in Braithwaite's Retrospect, &c., thus obtaining a most extensive circulation, though open to the most serious objections. After pointing out the inconveniences of the forms in which iron has been kept for therapeutic uses, the writer proposed to substitute several others, the preparation of which he explained. Most of them were mere jumbles of ingredients, without any definite chemical composition. In instance the first, what he terms "liquor oxysulphatis ferri," is a mixture of sulphate of peroxide of iron, and nitrate of peroxide of iron, with free nitric acid. If the object were to present a solution of pure sulphate of peroxide, one-fifth of the nitric acid ordered should be used, with the addition of sulphuric acid. His "ferri bitartras" contains sulphate and nitrate of potash. The "liq. ferri biniodidi" contains a large portion of free iodine, with sulphate and nitrate of potash; and so of the rest. They are all mechanical mixtures.

I have expected, from month to month, that the editor of the "Pharmaceutical Journal," who first published this very unscientific paper, would have pointed out its errors.

Secondly. The editor of the same journal recommends to dispensers of prescriptions which contain citrate of iron, to add ammonia, to make it soluble. This wise suggestion, which assigns to the chemist's assistant the treatment of disease, is copied by Dr. James Johnson. He does not say what ammonia, or what quantity. Yet a few drops of such as every chemist keeps, e. g., liq. ammon. fortis, added by a juvenile dispenser, upon reading this advice, might cost an infant its life.

Thirdly. A nostrum called "aqua chalybeata" is just now being brought before the profession, with great zeal. Several journals have lent themselves to the project, and have published an alleged analysis by Dr. Ure, which contains upon its face most flagrant mis-statements, as the composition given is totally opposed to the acknowledged principles of chemistry. Dr. Ure makes Liebig say that since citric acid is tribasic, it combines with three equivalents of peroxide of iron, and that his own views differ little from this. Now, Liebig says no such thing. According to Liebig's views, citrate of peroxide of iron is $Fe_2\ O_3\ C_{12}\ H_5\ O_{11}$, and not $3\ Fe_2\ O_3$, as Dr. Ure makes it.

If the profession prefer paying sixpence a dose for a private nostrum to about a farthing for a full dose of the citrate, nothing can be said against such a preference.* I have the honour to remain, Sir, your obedient servant,

LLOYD BULLOCK.

Conduit-street, Nov. 30, 1842.

NOTE FROM DR. HOCKEN.—Sir, I was sorry to see in the last LANCET (page 334,) a note from Mr. Wormald, displaying some littleness of mind and jealousy on the subject of my communication. Although I stated that "Mr. Wormald was in the habit of treating many slight ophthalmic affections (especially among the out-patients of St. Bartholomew's Hospital) exclusively by daubing the nitrate of silver on the outside of the lids, while it was from watching the success of this practice in many cases that I was led myself to give the remedy in this way a fair trial," still he thinks it worth while to claim what I voluntarily tendered him. By stating that I attended his practice with other students, he insinuates that I did so *in statu pupillaris*, although he is well aware that I never did so. I attended in the same sense that Mr. Wormald himself is a pupil, viz., to live and learn, and I trust to do so until I resign practice altogether; but it was not until my name had been enrolled as a member of the profession that I, as a friend, frequented Mr. Wormald's practice. Mr. Wormald closes his note by saying, that "although decidedly 'an improved plan,' it is certainly not 'new,' either to his pupils or to your obedient servant." But, surely, if the plan be old to him it may be new to other practitioners! I am, Sir, yours truly,

EDWARD HOCKEN.

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* We have received from Messrs. Bewley and Evans, of Dublin, a specimen of this "new preparation of iron," with a pamphlet on its merits. The goods are neatly "got up," but the matter is altogether an affair of the shop, and has little or nothing to do with medical science. Any chemist, like Dr. Ure, might consent to write it a puff, for the usual fee, and there may be wealthy lovers of nostrums who would willingly give the 5½d. to Messrs. Bewley to sweeten and effervesce the dose, ready to hand, rather than take the trouble to compound it themselves.

THE BAT CLUB.

OPEN MEETING,

HOLE-IN-THE-WALL, LONDON, WEDNESDAY, NOVEMBER 23RD, 1842.

PRECISELY at eight o'clock Mr. STANLEY, the secretary, was seen wending his way, having a large roll of paper in his right hand, with heavy feet, and a still heavier countenance, up the passage which leads to the enlightened cave of the unenlightened Bats. There was a measured precision in his tread, which denoted the ponderous nature of the thoughts under which his sombre mind was labouring. He seemed to say to the very stones over which he trod, "*Good* cannot come of these meetings." He however forgot to think of those persons to whom they might be productive of benefit. At length his solemn step reached the outer door, when, instantly, an unusually vivid light struck upon his astonished senses, and out started Mr. Proverb, the noted host of the Hole, with an expression of countenance that was strangely contrasted with that of the downcast secretary. "Mr. Stanley, Sir," said Mr. Proverb, "your very humble servant. You are the first, Sir. I am glad of it, Sir, for I know that it is to you that I am indebted for this renewal of patronage, and I shall now have a few moments to show you my gratitude. You shall soon see, Sir, that there has been nothing still or at rest here since the last meeting. Here, Sullen, Joe, what are you about? Bring the Elizabethans."

In an instant Joe and Sullen were at the elbows of their master and Mr. Stanley. Each attendant was carrying a huge candelabrum, of the make and ornament of the reign of Elizabeth. These were "the Elizabethans."

Mr. STANLEY: I can dispense with much of this display. I am not at all in a humour to be gratified by it.

PROVERB: Sorry to hear it, Sir; extremely sorry. There is no display, Sir. My only wish is to make everything nice and comfortable, nice and respectable. "Happy heart makes a blooming visage," Sir.

Mr. STANLEY: No display? Why has your man brought that ghastly pair of snuffers? Surely they are not wanted for wax.

PROVERB: Certainly not, Sir; but the presence of a pair of snuffers in a lighted room helps make everything nice and comfortable, and their use consists in showing the nature of the light you have got. It is a sign, Sir, which *seems* to have written upon it "No gas here, no explosions, no st——, no smell," and *that* I think is all very nice and comfortable.

The candelabra having been safely deposited on the table of the committee-room, Mr. Stanley was asked if there was anything that the house or cellars possessed, of which he would partake before the committee arrived. A quaint negative formed the reply to every question of the kind.

The statement made by Mr. Proverb, to the effect that there had been much activity displayed in his establishment since the last meeting of the club, was found, even upon a cursory examination, to be strictly correct. Painters, glaziers, carpenters, bricklayers, plasterers, paper-hangers, had all been put in requisition, and under the influence, apparently, of a very correct taste and judgment, as everything was in harmony and excellent keeping, and none of the alterations or improvements diminished the effect of the skilfully carved wainscoatings which were to be found throughout this ancient establishment. The committee-room is sufficiently large to accommodate, without inconvenience, about thirty persons, and the "large room" adjoining to it, about one hundred individuals, seated. It is in the last-mentioned apartment that the ordinary meetings of the club are held.

Events and the hand of time seemed to have pressed lightly on the chief persons belonging to this tavern since the meetings were held here in 1833.

Mr. PROVERB, the "head" of the house, is now nearly seventy years of age, but he is as active as a boy. His face always wears an aspect of cheerfulness and contentment. The ploughshare of sorrow has made no deep furrows on his cheeks. There certainly is an air of *comicality* about him, which arises more, probably, from the handywork of his tonsor than from any other circumstance. The summit of his head has lost much of its natural covering, but at the sides and back there is still a prolific supply of hair, combed straight away to a single point behind, and there bound into a tail of such stiffness, that it might move the envy of a kangaroo. When he is excited in conversation, Mr. Prove

is seldom unmindful of his well-trimmed pate, or of the sign of antiquity and birth which he thinks it exhibits. The "tail" has had great influence of late years, and he knows it. While talking with you he often leans his head sideways, as though listening attentively, the head reclining on one hand. The hand is then slowly carried backwards over the polished surface of the smoothly-combed hair, until it reaches the knot of the tightly-drawn ligature; when, having played with it for a moment or two, his fingers softly glide down the cone, to the little brush of hair at its extremity, on which his digits seem to dwell with lingering fondness. This manual movement is strictly original, and must be seen to be duly appreciated. Mr. Proverb is an inveterate hater of modern improvements; his costume, therefore, as may be supposed, is entirely of the ancient character. His love for buckskins did not abate with his increase of years, and "not being a deformed person" he has, he remarks, "always been enabled to wear breeches without having them bandaged over his shoulders." He has made some money. His history, and that of the establishment, is often given, to agreeable visitors, by Joe, who is a very prominent person in this notable house. Mr. Proverb's great desire is to see everything in it "nice and comfortable—quite respectable." It is a proof of a "good master," he says, not often to "change his servants." Accordingly we find that the shortest term of servitude under Mr. Proverb, passed by the servants now in the house, has exceeded twenty-five years.

Mrs. Proverb, or "Darling Nancy," is a lady verging on sixty. Dressed in the ancient style, like her spouse, she declares that she is "only a small bit of her husband, a mere *rib*; that she swore at the altar to love and obey; that she *has* loved Mr. P.; that she *has* obeyed him; that she shall continue to love him,—*continue* to love him to the day of her death." And to show her confidence in his judgment, when she is asked a question which refers to any matter that does not clearly and distinctly come within her own department, her reply invariably is, "Ask my Mr. Proverb; *he* is the man to tell. Mr. Proverb thinks and reads; but when I am not serving customers I knit, sew, or darn. Mr. Proverb has got a head to think for everybody. Mine only enables me to think for myself, Sullen, Joe, Cookey, and *of* Mr. Proverb."

Sullen, the head waiter and cellar-keeper, has been in the establishment upwards of thirty years. His conduct is marked by an extreme observance of method. He never begins a conversation with any one, but he often ends it when begun by others, and that very abruptly. He is nearly six feet high, gaunt in figure, very short-backed, and, consequently, with unusually long lower extremities. When the name of "Sullen" is sounded, with the quickness and agility of a spectre he is at once by yourside, looks with a fixed eye at some object near to you, and calmly replies to your call,—"'Am, Sir," meaning thereby "Here I am, Sir," Your order being delivered, away he steps, with a prodigious stride, first replying "Gone, Sir." Sullen has many curious things stored within his oddly-formed cranium, but these can only be drawn out in company with a cork of fine old Burton. He has also kept a note-book, in which it is understood that he carefully recorded some of the conversations held at the private and social meetings of the club, soon after it was first instituted. While his memory has been floating on the much-loved "Burton" we have heard him relate some curious stories, which we hope to have an opportunity of publishing. In dress he exhibits much of the same taste as his master.

Joe, the only other domiciled male person, is, in most respects, the opposite of Sullen. He is a lively dog, with a never-ending flow of spirits. He commenced the business of life, he tells us, by "polishing the lawyers." Joe explains this himself, by stating that on his first arrival in London, at the age of fifteen, he was engaged as a shoe-boy by Mr. Denner, of the Furnival's Coffee-room, Furnival's-Inn, Holborn. "Folks have often wondered," says Joe, "how it was, coming, as I did, from such a dull sleepy place as Dalwood, that I had so much devil in me. The thing's plain enough. It was the lawyers' shoes that did it. When I was grasping *their* leather I was often tempted to all kinds of wickedness, to rob, steal, and cheat the widow, till every lawyer's shoe seemed to be old Nick's own foot. They were, indeed, the *dirtiest* shoes," exclaims Joe, "these fingers ever titched, and, as for scent, brimstone matches was roses arter'em. That day's over, and I'm a promoted man now." From Joe's sprightliness of manner and obliging disposition, he is a great favourite with the visitors. It was ludicrous to wit-

ness the striking change which the revival of the meetings of the Bat Club had produced in his appearance. At the first meeting he was unshorn and unshaven, with a nondescript dress, comprised of garments which evidently had never been intended for a man of his stature; his trowsers were too short, his waistcoat was too long, and his coat might have inclosed the skin of an alderman of double his size. He now cut a completely new figure. He had on a suit of ancient livery, with gaudy trimmings, and red-plush small-clothes. Here, for Joe's credit, we should be glad to end our description, but bad taste, and care of the siller, allowed his oddly-formed and uneven legs to exhibit a pair of coarse, dark-worsted stockings; so that Joe, notwithstanding the splendour of the main portion of his habiliments, is presented to the eye as a strange and farcical specimen of humanity.

After Mr. Proverb had quitted the room, Mr. Stanley took his seat at the table, unrolled his papers, opened the minute-book, and was engaged for a short time in writing. While the secretary was thus employed, Joe was dancing about the room with the activity of a squirrel. At one moment he was putting the fire "to rights," then pouring fresh coals on an already half-smothered flame; next he would jingle the fire-irons, as though he was putting *them* also "to rights," and ever and anon he would cast a wistful glance at the silent and moody secretary. Then he would whisper a few words, as if to himself. "Great meeting to night; glorious change; famous days for the Hole; fasten the shutters now; freezing draughts through them crevices." Then away he hied to the windows, and had scarcely commenced his fidgetty operations in that locality when in bounced Mr. Bransby Cooper, and five or six other members of the committee.

Mr. B. Cooper: Ah! Stanley, my sprightly chap, how are you? Come bristle up, my boy; we shall have a rare meeting to night. Pretty nearly all our lads are coming from Guy's. What are your Bartholomew gents going to do? It is to be hoped that the University-College "republicans" have not heard of the meeting. If they have, and also the orthodox coves of King's College, I think we stand a chance of a bit of a rumpus, master secretary.

Mr. Stanley: There may be a rumpus, or anything else that's bad. You know that I was completely outvoted, and was against these meetings altogether. I'm sure we shall be exposed and laughed at.

Mr. B. Cooper: Well I hope we shall have some of the laughing here, for wherever *you* are, a laugh must be a treat. Why look so sour about it? You'll turn all old Proverb's beer into crout; such a face as your's in a dairy-country would have a worse effect than a thunder-storm.

While this dialogue was passing, Joe, it appeared, had been endeavouring to suppress his laughter by stuffing a piece of the window curtain between his teeth; but, forgetting the age of the materials, some of the rings gave way, and he was suddenly precipitated from the chair to the floor.

Mr. B. Cooper: Is that you, Joe?

Joe (making several bows in double-quick time): He-he-he! Yes, Sir, beg pardon, I'm sure, Sir. Could'nt help it, Sir. Could not; quite unpossible; master's beer won't turn, Sir. Oh, no; 'taint of that quality. Why, our Sullen don't turn it, and there's nothing sweet in him. He spits varges three times a fortnight, and oil of vitt'rel once a month. The black spots in the boards shows it. Our beer ain't to be turned by a sour face, Sir; so I hope the gentleman's mind will be easy.

Mr. B. Cooper: Never care about gloomy faces now. Can the club have as good accommodation here as ever? Is your master glad that we've come back again?

Joe: Glad, Sir? Did you say glad? That ain't the word as 'spresses it, and I hardly knows the 'cabulary as does. Monstrous joyful, Sir; that's better, but not half what master and all of us feels. There never was the like of it,—sich a change and topsy-turveying, all in a few days. Why, think of Sullen—I see it myself—when master told us that the club was to be revived, would meet again,—*my* head went a swimming, and master's words seemed to come up from his heart, like bubbles of joy, so big that they'd hardly hold together. As for Sullen,—I see it myself—he fixed his eye on master's feet all the time the thing was a-telling, and then, when master'd done he turned round sharp on his heel, stalked off, in *his* way,—and nobody could do it like him,—along the passage and coffee-room, all up the whole length, and back again; and then he come to the very place where he'd stood afore, and looked master straight in the face,—I had'nt seen the full of his eye

for eleven years,—and then his look went right atwixt our heads, fallin' on black Tom, as sat on the winder ledge, and then,—I see it myself,—Sullen laughed, that is—'twas *his* laugh—the corners of his mouth parted as though they'd a-been pulled back to his ears by fish-hooks. I judged, too, it was a laugh, because the cat,—as we've had five year,—never having seen sich a thing afore, was so preciously 'stonished and frightened that he lep right through a pane, thinking, no doubt, 'twas the grin of a worser hanimal than hisself, and 'specting a bite next. You may be certain, Sir, that master *was* glad at anything that could make Sullen laugh. I'm sure anything that would soften down an inch of *his* skin into a *smile*, would make any humoursome man split. Master glad, Sir? Why, bless you, he's given up the farm.

Mr. B. Cooper: Farm? What farm?

Joe: Oh yes, Sir. We were a-going to take possession of it on the 15th of this month. I and Cookey was going down first, and all the lot was to go at Christmas. Master had taken a willa and three acres, and we was to breed pigs, turkeys, fowls, and ducks enough to half supply Leadenhall-market, all for 'musement. Master's saved some money. I've got a little. So has Sullen, who was to look after the geese, as master said his sxample might learn 'em good manners, and prewent 'em from sturving the neighbours. Master had made up his mind to give up business.

Mr. B. Cooper: Why so?

Joe: If the truth must out, Sir, it must. 'Pon the 'count, Sir, that most tradesmen gives up; 'cause business had give up him. Ah, Sir, respectable taverns, like the Hole, which supplies everything of the best at a fair figure, have all been swallowed up and destroyed by them ruination club shops, where they pertend to give you fish, and a steak, and a bottle of old port, for half-a-crown. Sich impostors ought to be hanged.

Mr. B. Cooper: Well, Joe, we must talk of that matter at another time. Is your room in order for the meeting?

Joe: Here's Master, Sir, who I know will say I've worked hard to make every thing right.

Proverb: It is, I assure you, Sir, all nice and comfortable, quite respectable.

Mr. B. Cooper: I'm delighted to hear it, as we're to be honoured by the presence of Sir Robert Peel, to-night.

Proverb: Impossible, Mr. Cooper, impossible! You must be joking, Sir.

Mr. B. Cooper: Indeed I'm not.

Proverb: These are days, again! Sir Robert Peel? It'll be in all the papers, I suppose, to-morrow. I shall have our chief rooms enlarged, and engage in business with more spirit than ever. How true it is, Sir, that "fortune knocks, once at least, at every man's door." When Sir Robert Peel comes, of course he'll not go directly into the public room, and I *should* just like to have him for a moment in my little parlour, for the purpose of asking him if he *is* going to reduce the duty on foreign brandy; I know he would tell me in a moment.

A roar of laughter admonished Mr. Proverb that he had said something tolerably foolish, and, amidst the noise, he hastily withdrew.

The members of the committee who had now arrived amounted to upwards of twenty. Mr. White was voted into the chair, and the secretary was requested to read the by-law which described the qualifications of the *ex-officio* members, who, in reality, constituted the ordinary members of the club. It ran as follows, viz., "That all physicians and surgeons, and all assistant-physicians and surgeons, of all hospitals and infirmaries which are recognised at the College of Surgeons as medical schools, or as schools for practical medicine and surgery, be admitted as members of the club on the enrolment of their names for that purpose, and on payment of the customary fees."

Mr. Morgan wished to know if there were any limit to the number of visitors whom a member might introduce at the "open" meetings.

Mr. Stanley stated that the number was not restricted. He then observed that their next duty was to appoint a chairman for the open meeting which was about to be held.

Mr. Lawrence said, that only a few minutes remained for the performance of that duty which, he considered, was one that demanded very serious attention. It was of great importance that the Prime Minister of this great country, who was just about to honour them with his attendance, should carry away with him a lasting impression of the weight which was due to medical objects, opinions, and interests. Their chairman, then, ought to be a man of known worth, of high character, of established integrity, and, above all, one whose great dis-

coveries in science had obtained for him an universal fame. His brother committee men could not doubt to whom he referred. He at once, therefore, would propose the name of Sir Henry Halford as that of president for the night. (Hear, hear.) He felt confident that the brilliant achievements of the honourable baronet in the walks of medical science, would have the effect of giving a lustre and character to their proceedings which they could not otherwise acquire. Nor could it be forgotten that the honourable baronet was as much esteemed for his benevolence as he was admired for his acquirements; and never was the real philanthropy of his disposition more strikingly displayed than in the attentions which he had so unremittingly bestowed upon the members of his profession in their hours of *sickness*, and in their days of destitution. The honourable baronet appeared to be always ready and anxious to exclaim, "Homo sum; humani nihil à me alienum puto." (Hear, hear.)

Sir B. BRODIE promptly seconded the motion, which was then put from the chair, and carried, so that Sir Henry Halford, bart., was appointed the president of the open meeting.

Mr. STANLEY then stated that there was no other business to transact, and that they had better send at once to inquire if their two distinguished visitors had arrived. (The door almost instantly started back, and in two steps the tall waiter was at the side of the secretary.)

Mr. STANLEY: Has Sir Robert Peel arrived?

SULLEN: Don't know him. I'll ask master. Gone, Sir. (Scarcely had the waiter quitted the room when Mr. Proverb entered in unusual haste.)

Mr. PROVERB: Gentlemen, I do not believe that Sir Robert Peel is here. He could not arrive without my knowing it. He has not been in the private parlour, for certain, but, gentlemen, others have come, and apparently in hundreds. All the avenues, passages, staircases, are full. The room in which the meeting is to be held is crammed. If it were not for the little music door here you could not get to the platform. What is to be done, Gentlemen? A loud demand is made to adjourn the meeting to the covered court, which was formerly a grand hall, at the back of our premises, but the place is not fit for gentlemen in its present state. It is dirty, and has no lights. It has excellent galleries, where candles may be placed. I only set some men at work about half an hour ago clearing away the lumber, in case of necessity, but had I known there would have been *such* a meeting, the place should have been in a complete state of preparation for the Prime Minister. It should have been *very* nice and comfortable—quite respectable.

The CHAIRMAN thought they had better not wait further, but go at once to the platform, as the noise was becoming so loud that it evidently indicated the growth of angry feelings. The suggestion was instantly acted on, and, after much difficulty, the committee contrived to place Sir Henry Halford in the chair.

Sir HENRY then stepped forward, and bowing in a manner which seemed to denote extreme humbleness of spirit, stated that the great honour of presiding over them for that evening had just been confided to him. He hoped that their impatience, he would say their natural impatience, would submit to some restraint, as the particular object for which they had assembled was to hear a statement from a Minister of the Crown on a subject of the most vital interest, and that minister had not yet arrived. He was expected every moment, and he had the best authority for stating that he would be accompanied by the Prime Minister, Sir Robert Peel.

During the delivery of this short address, there had been so continual and violent a knocking against the walls of the room on the outside, such an incessant stamping of the feet, and such vociferous cries of "adjourn," "adjourn," that it was with the greatest difficulty that a single word could be heard which fell from the chair.

Mr. G. J. GUTHRIE hoped he should be excused for addressing the meeting. The noise was becoming intolerable, and it would be impossible that the important business of the night could be transacted in that room with so many persons, who could not gain admission, making a disturbance outside. He understood that there was a large covered court, or hall, at the back of the premises, which had been used for gay objects in ancient times, and for gymnastic purposes more recently, but of late had been altogether neglected, and used only as a receptacle for lumber. This had just been removed, by the direction of Mr. Proverb, and a quantity of dry straw thrown on the

floor, and if the zeal of the members and visitors then present prompted them, by the anxiety which they felt for the protection of their future interests, to put up with the inconveniences of the place, he would move an adjournment thither. If that were not their wish, he would recommend that they should adjourn *sine die*.

A dozen gentlemen instantly rose to second the motion, and all hands were held up, instanter, for the adjournment to the back premises.

The CHAIRMAN thought it very desirable that members of the profession only should be admitted. He considered that students were of that number, and might be present. The committee, he understood, could reach the hall by merely crossing the court. As there would be danger in haste, he recommended them all to approach that way quietly, and in good order. The strangers then crowding the passages would be admitted through the door at the lower end of the hall, and students, on entering, would simply be requested to name the hospital or school to which they belonged. He hoped in a few minutes to be enabled to announce the arrival of Sir Robert Peel and Sir James Graham.

The advice of the Chairman was followed by the company in the room, and all the members present retired to the larger arena. The visitors in the passages had also withdrawn, and in less, probably, than ten minutes, between four and five hundred practitioners and students had assembled. As the students passed through the door it was remarked that some had attended from each of the schools, but the words "University College," and "Guy's Hospital," most frequently struck on the ear. Altogether, the scene was an extraordinary one. The place chosen by the committee for their Chairman and distinguished visitors, was a low gallery at the end of the hall. It was sufficiently large to contain about sixty persons, and was occupied almost to inconvenience. The lamps and candles were whimsically and irregularly placed, and having been situated below the occupants of the gallery, the faces of the persons in that locality were not very advantageously displayed. Sir Robert Peel and Sir James Graham had entered with the Chairman and committee, and were provided with seats close to him. The excitement in the body of the hall was intense. All the members of the profession holding public offices appeared to have assembled on the occasion. Amongst the visitors we noticed Professors Grant, Sharpey, Kidd, and Buckland, Dr. Webster, Dr. Hastings, Dr. Barlow, Mr. Wardrop, Dr. Macartney, and Mr. Harrison (of Dublin), and it was reported that two foreign ambassadors were present. After the cheering and noise had subsided, and the cries of "Chair, chair," had been several times renewed,

Sir HENRY HALFORD stepped forward to the front of the gallery and addressed the assembly as follows:—Gentlemen,—It would be an act of unpardonable presumption if I were for more than one moment to interpose between the gratification of your just expectations and the distinguished Minister of the Crown who has condescendingly attended here, out of respect to you, and for the great purpose of announcing to you the substance of a Bill which he has generously prepared with a design to promote and protect your individual and professional interests. I shall not insult you by bestowing any fulsome adulation on the public conduct of Sir James Graham. His steady attachments in the bonds of political friendship, and his inflexible adherence to the principles which he professed in early life, are the common topics of the nation which he benefits by his labours. Sir James Graham, as the Minister for the Home Department, has now taken up the question of medical government. It is a vast subject, but, Gentlemen, *Deo adjuvante, non timendum*. I now beg most respectfully to call upon the Right Honourable Sir James Graham to address the meeting.

A tremendous uproar ensued. The calls for "Peel, Peel," were violent, and often repeated, but the cries of "One Faculty" were so loud, numerous, and long-continued, that all others soon yielded to them. When Sir James rose from his seat to address the meeting the conflict of cheers and hisses was appalling. After prevailing for a few minutes the noise gradually subsided into comparative silence, and the meeting then heard the following statement from

Sir JAMES GRAHAM: "Gentlemen, the terms of eulogy which were so liberally bestowed on my public conduct and character, by your very highly accomplished chairman, have materially added to the embarrassment which I naturally feel in my present position. If I could deserve only a small portion of the encomiums which he has bestowed on me, I could stand here without apprehension or perplexity, but feeling a

conscientious conviction that my humble merits have been entirely overstated, the honourable baronet will, I am sure, excuse me for saying that instead of smoothing my path by his commendations he has only increased my difficulties. (Hear, hear.) The task, however, which I have to perform is in itself simple. It is to develop to you the principles and chief details of a Bill which has been prepared, mainly at the suggestion of my worthy friend, Sir Benjamin Brodie. The subject has not long engaged the attention of the Government; it is still an "open" question—(laughter)—in the cabinet, and, consequently, the measure which I shall introduce into the house, although a Government measure, may not be exactly the one which has been agreed upon by me and my honourable friend, Sir Benjamin Brodie. The measure, therefore, which I am about to expound to you, is the one which I shall submit to my right honourable friend (turning to Sir Robert Peel) and our colleagues in the ministry. Having thus briefly explained the position in which I and her Majesty's Government are placed, with reference to the measure, I shall at once proceed to disclose to you the nature of its provisions. I intend to propose in the Bill that all monopolies of medical practice shall be abolished. —(Tremendous cheering and waving of hats, which lasted several minutes.)—The College of Physicians of London shall be remodelled in such a manner as will embrace the reforms in its constitution already agreed to by that institution.—(Violent hissing, which continued for a long time, Sir R. Peel looking thoroughly astonished.)—The College of Surgeons in London shall be enabled to select or pick out a certain number of persons from amongst its members, to constitute a body having power to elect the future councils of the college.—(The hissing repeated.)—The Colleges of Physicians and Surgeons of Edinburgh, Glasgow, and Dublin, are to be endowed with the same privileges, as examining bodies, as the colleges of London; and the Apothecaries' Act of 1815 shall be amended, conformably with the ordinances of the new Act, so as not to run counter to, or cross, the workings of medical law in its fellow institutions. I intend that the changes in the constitutions of the *colleges* shall be effected by granting to them new "charters," embracing the reforms described. —(More violent hissing.)—There shall also be established in London a body to be called the Central Council of Health, consisting of one of her Majesty's principal secretaries of state, four persons, not professional men—(hissing continued)—who shall be appointed by the Queen in council, two fellows of the College of Physicians in London, and two members of the London College of Surgeons, with one physician and one surgeon from the Edinburgh or the Glasgow College, and one physician and one surgeon from that of Dublin. All the professional members of the council must be appointed by the Crown itself, at first absolutely, being selected and named solely by the Crown. When they die or retire the new members shall be nominated by the Crown from a list of five persons, whom the several colleges which I have named shall be at liberty to hand in, the colleges of Edinburgh and Glasgow each taking turns in naming the five, from its own college. The three members of the council who are first appointed shall go out of office at the end of the fourth and two following years after the passing of the Act. The appointments to the council, after that, shall remain undisturbed for four years, any one of the members then retiring being eligible for re-election after the lapse of one year. Whenever any vacancies occur by accident in the council, they shall be filled up at once, but the person who then enters upon office shall continue in office only for the unexpired term of his predecessor. Of this council the secretary of state shall be the president, and *he* shall name the vice-president, yearly, from amongst the non-medical members of the council.—(Hissing again, and loud cries of "Oh, oh!")—The president shall not have any salary. All other members of the council shall be paid for their exertions. The Colleges of Surgeons shall have the privilege of examining all general practitioners and other candidates for diplomas in surgery and anatomy; and the Colleges of Physicians, assisted in London by apothecaries who shall be chosen by the court of assistants of the worshipful company in Blackfriars, shall conduct all the examinations in medicine, midwifery, chemistry, and pharmacy. The several colleges shall themselves, in consultation, decide on what courses of study medical students shall be compelled to follow, and what shall be the extent and nature of the examinations of candidates for admission into the profession. Those general practitioners who wish to become doctors in medicine shall be subjected to special examinations by the Colleges of Physicians, and those who desire to possess degrees in surgery shall undergo like special examinations before the College of Surgeons. But no persons shall be admitted to either of these examinations without having reached a greater age than the number of years specified as the minimum age at which candidates shall be received for the common examination, nor without producing certificates that they have been engaged in medical studies for a longer time than that required for the common examination; or else, instead of the certificates, they must produce testimonials of having been for a definite time engaged in practice, after having undergone the ordinary examinations both at the College of Physicians and the College of Surgeons. The money which is received from the candidates for examination shall be dis-

tributed among the colleges, first, for the payment of all the examiners; secondly, to the College of Surgeons, for maintaining the Hunterian Museum; to the library of the College of Physicians, and the apothecaries' garden at Chelsea, and for supporting other public medical institutions and collections. Thirdly, part of the fees shall go to defray the general expenses of the colleges. Whenever examinations of candidates are going forward, propose that the members of the central council shall be allowed to attend them, and may require returns of the proceedings of the examiners to be made for their inspection. Whenever the colleges grant licences to practise in their respective branches, those licences shall be first transmitted to the central council, which body, on being satisfied that all the regulations have been complied with, shall then register the names of the persons to whom the licences are awarded, according to the diploma or degree which they possess, with the dates of the licences. This register to be revised and published periodically. Any doctors in medicine who may be desirous of submitting to the ordinary examination of the College of Surgeons, shall be registered accordingly, after the examination, as general practitioners. No persons calling themselves medical practitioners, shall be eligible to receive an appointment to any medical or surgical post in the army, the navy, the East-India service, or any workhouse or hospital, infirmary, dispensary, or other public institution, unless their names are found in the register of the central council; and, moreover, no such unregistered persons shall be entitled to claim exemption from serving on juries, nor shall their certificates be received in any case in which, by law, the certificate of a medical man is required. As to the rights and privileges already possessed, at the passing of the intended Bill, by persons in medical practice, they shall all be preserved to them undiminished. At the same time it will be provided that apothecaries may legally make charges for medical attendance and advice, and that all museums, libraries, and collections, belonging to the colleges, shall be open to all legally-qualified licentiates in medicine, under regulations to be framed, each college for its own possessions, to be first approved by the central council, which body shall also have power to approve or disallow all by-laws of the colleges, and shall require to be laid before it, periodically, the various college money-accounts, for transmission to Parliament, that council also having power to regulate the amount of fees to be taken, and the appropriation of monies to the colleges, and for other medical purposes. Such are the leading provisions of a Bill which it is my intention to submit to my colleagues for their approval, and, with their sanction, afterwards introduce it to the House of Commons.—(Violent hissing, with hundreds of cries of "*One* Faculty!")—As I have fulfilled the object for which I attended here, I shall now respectfully take my leave of you, expressing my thanks for the courteous conduct which you have manifested towards me while listening to statements which evidently did not obtain your approval.

The retirement of Sir James from the front of the gallery was the signal for the renewal of an indescribable clamour, and amidst the din and confusion the calls for "Sir Robert Peel," became loud and general.

Sir ROBERT PEEL: Gentlemen, having been reminded by my excellent friend, the President, that we are within a few minutes of eleven o'clock, at which hour the laws of your society peremptorily demand that your proceedings should terminate, I am prevented, and I may say fortunately prevented, from detaining you by any lengthened address. Allow me to state, however, that I take the deepest interest in medical affairs. The security of the public health ought to be one of the first cares of a minister of the Crown. The energetic cultivation of the science of medicine is, obviously, the only means by which the advantages of that great blessing can be adequately obtained. The subject of medical politics is, I unhesitatingly confess, almost new to me, and my right honourable friend having candidly stated to you the provisions of a Bill which he intends to submit to me and his other colleagues, for our approval, I frankly say, before you, that having listened attentively to the exposition, I reserve to myself the right of discussing with him, at any future time, the principles and details which he has laid down and disclosed.—(Several voices, "The *one* Faculty.")—Well; on *that* proposition, also, I consider that my opinions are equally uncommitted, and that I am quite at liberty, regarding that, as well as regarding the propositions made by my right honourable colleague, to investigate them all, to examine them for myself, and to form my judgment upon them free from all undue prejudices. This much I admit, namely, that a change in medical law is absolutely required (tremendous cheering); and I feel called upon to acknowledge that the existing colleges have not done their duty (boisterous cheering renewed); and that many of their acts have been objectionable, and some of them positively bad. But you, gentlemen, as well as my honourable friend, the President, have the satisfaction of knowing that *benæ leges malis ex moribus procreantur*.

This quotation produced a somewhat ghastly smile on the face of Sir Henry, who appeared to be considerably annoyed by the mirth of the meeting having been directed *at* him. It was a decided "hit" on the part of Sir Robert, who retired amidst loud acclamations.

The PRESIDENT then announced that the

hour of eleven had arrived, and that the laws of the club peremptorily demanded the dissolution of the meeting. The business, therefore, for that night now terminated.

The members and visitors then departed, four-fifths of the assembly having first given three hearty cheers, amidst the loudest vociferations of "The *one* Faculty for ever!" and "No monopolies!"

PERSON CALLING HIMSELF "JAMES LEESON."

To the Editor.—Sir: There is a letter in the "Medical Gazette" of last week, signed "James Leeson," and dated from "Finsbury-square," respecting the British Medical Association. I beg to say that I am not the author of that letter, nor have I the least knowledge of the person who is. My Christian name is *John*. I should not have noticed the circumstance had not the letter been dated from Finsbury-square, and as I am the only person there to whom it could refer, and having no desire for its paternity, I forthwith disclaim it.* I am, Sir, your obedient servant,

JOHN LEESON.

Finsbury-square, Nov. 21, 1842.

* The statement, at the close of the letter of Mr. Leeson, which we do not publish, should be communicated to the secretary of the association, as it is not a matter for public correction.—*Lancet.*

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, November 25, 1842:—T. H. Woodforde, J. Dowling, H. Aylward, S. S. Smith, J. J. Gray, C. J. Newstead, A. Collinson, J. Mahony.

BOOKS RECEIVED.

Chemistry of Animal Bodies. By Thomas Thomson, M.D., Professor of Chemistry in the University of Glasgow. Edinburgh: A. and C. Black; London: Longmans. 1842. 8vo, pp. 702.

The Annals of Chemistry, No. 8, Nov. 18. Longmans.

The Chemical Gazette, No. 2, Nov. 15. R. and J. E. Taylor.

On the Preservation of the Health of Body and Mind. By Forbes Winslow, M.R.S.C.L. London: Renshaw. 1842. 8vo, pp. 202.

A Dictionary of Practical Medicine. By James Copland, M.D. Part VIII. London: Longman and Co. 1842. 8vo, pp. 144.

The second Supplement, completing the Seventh Edition of Dr. Turner's Chemistry. By Justus Liebig, M.D., and Wm. Gregory, M.D. London: Taylor and Walton. 1842. 8vo. The whole work pp. 1274.

On Gravel, Calculus, and Gout; chiefly an application of Professor Liebig's theory to the prevention and cure of those diseases. By H. Bence Jones, M.A., Cantab. London: Taylor and Walton. 1842. 8vo, pp. 142.

Observations and Facts relative to those Born Deaf, and consequently Dumb, &c. By W. Wright, Surgeon-Aurist. London: W. Strange. 1843. pp. 16.

Norse Magazin for Lægevidenskaben. Udgivet af Lægeforenigen i Christiania. Redigeret af Chr. Boeck, A. Conradi, Chr. Heiberg, J. Hjort, F. Holst. 1840-41-42. Christiana, Guldberg and Dzwonkowski. (Norwegian Journal of Medical Science. Twelve numbers. Commenced July, 1840.)

CORRESPONDENTS.

THE exposition of the MEDICAL BILL in the possession of the SECRETARY OF STATE FOR THE HOME DEPARTMENT will be found in the speech of Sir JAMES GRAHAM, in our report of the BAT CLUB in the present number of THE LANCET. The principal provisions of the Bill, as there given, are strictly correct. We deliberately pledge ourselves to their accuracy.

MEDICAL CERTIFICATES RELATING TO DEATHS.—Sir: On the 12th ult., a lady who had arrived at about the seventh month of utero-gestation was delivered of a male child, which survived about fifteen hours. Being the medical attendant upon the case, I was asked for a certificate as to the cause of death, to enable the undertaker to have it interred. I waited upon the Registrar (Mr. Suter), as neither of the parents could attend, and assigned as the cause of death, "premature birth." I could assign no other. The child died from its being prematurely born, a very satisfactory reason too, I believe; but the registrar, through his deputy, refused to register such a cause, and wished me to give some other, such as malformation, convulsions, or loss of vital power. Neither of these having existed, I could not give him any other cause than the one already assigned, and so left the matter, the death, I believe, remaining still unregistered. A certificate was, however, given to the undertaker, to enable him to inter the child. Now, Sir, I wish to know whether registrars can call in question the opinion of a regularly-qualified practitioner upon a matter solely medical, such an one as the above, for instance, and refuse to register a death because the reason assigned by the surgeon does not exactly tally with his own notions of the manner in which it might have occurred? I likewise wish to know whether a medical man is *compelled by law* to give a certificate of death to the registrar upon being applied to by him? I say *compelled*, because I was told that I could be, an assertion which I believe is not quite correct. I am, Sir, yours respectfully,

M. B.

Greenwich, Nov. 22, 1842.

*** A medical man is not compelled by law to furnish to a registrar a certificate of the cause of the death of any person who

has died while under his treatment. At the same time, the registrar may decline to receive the information of the death unless he be satisfied with the cause of the fatal event as described by the informant. The allegation of a premature birth as the cause of the death of a child who had only lived a few hours, may, in certain cases, be strictly true and scientific.

Dr. R. H. must be content to see his paper printed elsewhere. THE LANCET cannot spare room to give it publication. If authors desire that their original communications should certainly be introduced into THE LANCET, they should be sent in the first instance to that journal; for if their papers be sent abroad to take the chance of the winds, the writers must not be surprised if the gale which would waft them to every port of the civilized world, leaves contributions that are so unreflectingly bestowed, to the under currents which scarcely move an inch from the localities in which they are first set in motion.

A Subscriber.—The name of the "Royal Veterinary College" must have been unwarrantably borrowed by some impostors, to serve certain unworthy purposes. Messrs. Sewell, Spooner, Simmonds, and Morton cannot be aware of the advertisement in the *Sunday Times*, or can have no control over the parties inserting it. Perhaps steeple-chasing is considered by some low persons to be the surest of all modes of creating subjects for veterinary practice.

G. L. will perhaps be so good as to send us his name and address, in confidence.

A Fearless Observer would become also a courageous critic by attaching his name to his remarks. Such comments as he has made would fall dead-born with an anonymous signature. We suggest, therefore, that he should note, dispassionately, numerous particular *facts* falling under his own cognizance, in illustration of his positions, which we believe, indeed, to be perfectly correct, and forward them for publication, authenticated confidentially. One specific fact (name, place, and date) is weightier in the public mart than a dozen general denunciations, unless made with such force of style and judgment as only very few persons are able to employ.

A Landowner and *F. R. S.*—Thanks for the remark. We had overlooked the fact that some attention *has* been paid to the quality of English corn in Glasgow, and that wheat analysed there (so we understand the paper, to which we have again referred) contains much less albumen (that is, albumen and gluten) than foreign wheat. If this be a general fact as regards the wheat, the question arises, what is the cause? Does it depend on soil, or climate, or mode of culture, or variety of the seed? What is the quality of American wheat? The latter is a most interesting question because we know that the *soil* in which it grows is distinctly different from anything European, at least over a great extent of the territory. The fact that a portion of the gluten of flour is destroyed in fermentation is undoubtedly correct. The whole question is highly interesting and important. The interests of large masses of the human race require a searching investigation into these matters? Philanthropy itself demands that they should be promptly investigated.

Signor Augustin Bertani, the Editors of the "Norse Magazin," and many other gentlemen fulfilling similar duties as conductors of medical periodicals, are informed, with many thanks for their proposals, that offers to exchange journals are never accepted, and never are made, at THE LANCET office, nor have been at any time for the last fifteen years. Propositions for establishing these editorial civilities became so numerous as to render it evident that to fulfil them week after week, with regularity, would materially interfere with the proper business of the office, and on that account, however happy we may be to receive evidence of the scientific exertions made in various parts of the world by our brother editors, promises to return the favour could not be kept. Our custom is to purchase such numbers of contemporary periodicals as do not otherwise reach us, if worthy of examination.

3.—In Georgia, it is customary at table to use a thin paste as a napkin, which is eaten at the conclusion of the meal. The doctor had better have reversed this custom, and eaten *his* napkin *before* he wiped his dirty fingers on it.

A Practitioner (Sheffield).—A new edition will be issued in a month.—*Mr. Brownings's* letter must still wait a week.

An Old Physiologist, who presses so strongly for our opinion on his remarks, we refer to a notice in THE LANCET of last week, which he had probably not seen before he wrote his letter. At present we shall only briefly remark, that to us his chief criticism seems to be merely a play upon one word, which he uses in a different sense from that of the author of "Animal Chemistry," thereby implying an inconsistency which has no real existence. To his other objections we may remark, that—the whole is greater than any of its parts—a tit for his tat—an axiom perfectly self-evident, and yet found in Euclid. How little there is of *originality* in these books of Euclid!

Mr. J. B. Harrison's remarks on the education of the ear, to improve the student in auscultation; *Mr. R. B. Perry's* post-mortem examination in a case of puerperal mania; *Dr. Laycock's* second contribution on the subject of "Vital Periodicity;" and the papers of *Dr. Watts* and *Mr. T. C. Lewis*, *Mr. Wright*, and many other correspondents, are in type, for speedy publication.